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CLINICAL LECTURE

ON A

CASE OF INDURATION OF THE CELLULAR TISSUE,

DELIVERED AT THE

CHARING-CROSS HOSPITAL,

BY

Dr. W. D. CHOWNE,

Physician to the Hospital, &c.

History of the case; designations of the disease; usually confined to new-born infants; its frequency in France, and comparative rareness in this country; Dr. Denman's description of the disease; supposed to be epidemic; interesting case published in the "Philosophical Transactions;" questions respecting the pathology of the disease; three distinct modifications of it; uncertainty respecting the cause of the disease; state of the foramen ovale at different periods after birth; treatment of the malady.

GENTLEMEN,—To-day we will notice the case of the little girl with hardened cellular tissue, in whom the integuments and muscular substances of some parts are so peculiar.

Jane H., aged 11 years, light hair and complexion, blue eyes, was admitted under my care May 26th.

The child is not old enough to have taken any sort of situation, and she cannot be said to have had any other occupation than going to school and preparing her lessons. She has habitually lived well, having good plain nourishment. The diseases she has already had are measles, hooping-cough, cow-pock, and rheumatism, neither of which was marked by anything unusual. Both her appetite and digestion have been generally good; bowels regular and natural, so far as the mother has observed. She has always been of dull, slow habits, as regards moving about, but quick in her thoughts, and quick to attend to passing events.

Her present illness is considered by her mother to have commenced two years ago. At that time she walked with other children of the school to which she belongs the parish bounds, but the fatigue was too great; she was unable to walk home, and was brought across the park by one of the gentlemen who accompanied the procession. The following year she again accompanied the children, and again could not walk home. On the late occasion, when the other children walked with the same object, she was unable to accompany them. In the interim the ill health under which she labours had been increasing, and she had gradually become more and more drooping and dull, although still quick at her lessons: during these two years she had become habitually constipated, and jalap was frequently administered to her.

It was not until the end of the last winter that her mother began to perceive the stiffness and hardness of her skin and flesh: it was attributed by the mother to coldness of the weather, and she considered that it would be removed by the return of the warm season. Her mother considers her of a cold nature; she was chilly, and would sometimes "cry of cold when getting up in the month of April." This feeling of extreme coldness continued until the late warm weather. Prior to the tension and hardness being observed by her mother in the winter, she used to bear cold like other children. The mother did not observe whether she had sometimes perspiration; the renal secretions were never noticed. She used before she came into the hospital to have cramp in the hands; she states that the cramp was very painful, and that it drew the fingers straight.

Upon her admission into the hospital her manner of walking gave her the appearance, so far as figure and gait were concerned, of a little old woman; her head rather projecting; her shoulders up; her elbows drawn back; her arms half flexed, and her wrists half dropping down; her walk awkward and waddling, and without the slightest elasticity or spring, her ankles bending extremely little, and her feet scarcely lifted off the ground. She is of the stature about usual to her age; rather thin in appearance every where except the face; her cheeks were even a little plump; the right most so, almost wholly without colour; the lips were paler

than the cheeks; the eyes clear and intelligent, but the conjunctiva very white; the skin in some parts dull and dead-looking, in others shiny or glossy; this was particularly the case on the forehead, the wrists, and the backs of the hands and fingers. Upon passing the hand over the forehead, the skin felt as if it was tightly strained over the cranium, and as if it was either in itself unusually thin, or had less substance than common beneath it, and as if it was fixed to the periosteum. It could not with the usual facility be pinched into folds, especially on the right side, and it was but little under the influence of the occipito-frontalis and corrugator supercilii muscles. The integuments of the forehead used to contract more in the ordinary movements of the face than she is able to contract them now, even by an effort. The eyelids very thin and quite movable; the cheeks had a degree of firmness and hardness which made them feel like the cheeks of a dead person after the heat has left the body, and it has become rigid. They resembled to the touch a substance intermediate between flesh and wax; the right cheek was evidently thickened, making that side of the face look more plump than the left; the inside of the cheek did not feel hardened, nor was the mucous membrane altered in any degree that the touch could recognise. The feel of the cheek between the finger within the mouth, and the thumb on the outside, induced me to consider that the peculiar firmness did not affect the cheek uniformly throughout its substance, but that it was greatest without, and gradually diminished as it approached the inner surface.

The neck and integuments of the upper part of the chest were slightly, although but slightly, affected; the arms, forearms, and hands were all affected in a considerable degree: the arm and forearm gave to the touch the same impression as that given by the cheek—the hardness, however, still greater. Neither the arms nor the forearms were at all enlarged or swollen like the cheek; they had, indeed, rather the appearance of being wasted, and of the skin having shrunk even still faster than the substance it invested, and in that way not only failing to be left by the receding contents in a loose, movable, wrinkled state, as happens where there is attenuation under ordinary circumstances, but preserving a closeness of contact and a degree of firmness even greater than that which is natural to it. Where the parts are less muscular, as on the elbows, wrists, and fingers, the skin has the glossy appearance I have spoken of, as existing on the integument of the forehead: it feels also firm, and more than usually adherent to the membranes and tendons beneath. The freedom of movement of both the elbow and wrist is diminished, that of the wrists and fingers particularly so. In an attempt to flex them beyond a certain point, they resist even considerable pressure, and great pain is given by the attempt. I do not perceive that the right side is affected in a greater degree than the left; it is otherwise, if you recollect, with the face. The inferior extremities are affected like the upper, and I need not detain you by describing them particularly, the general description corresponding with that given of the superior extremities. I may, however, state, with regard to the knee and ankle-joints, that they have a degree of rigidity like that affecting the elbow and wrists; and I revert to that peculiarity, because it explains the general appearance and gait of the child, which I have described as being rather the general appearance and gait of age than of childhood. With such a condition of the joints it could scarcely be otherwise. The right and left legs, like the right and left arms, appear to be affected in an equal degree. The ears are less flexible than they are in the healthy state.

I have not been able to perceive either on the cheeks, or on any part, indentation from pressure (meaning that kind of indentation with which we are so well acquainted where there is œdema), nor anything that approaches it. She has been free, for the most part, from a febrile state; the pulse not strong, from 116 to 124; the tongue not dry, but smooth, with absence of papillæ; chest rather flat; sounds on percussion natural; respiration puerile, generally free, and without inconvenience.

Although she is subject to a sensation of cold, I do not find on applying the thermometer that the heat of her body is actually reduced. The bulb of the thermometer being placed successively against the cheek most affected, against the forearm, and against the tongue, and retained in each situation five minutes, raised the mercury to 92° in each instance. The bulb, embraced in her hand, which you recollect is also affected, raised the mercury in five minutes to 97°: the same trial being made on a person in health at the same time, and in the same room, gave similar results in both cases.

In this little patient we have a state of things which we cannot fail to associate with the peculiarities sometimes observed in newborn infants, producing similar general appearances, and in which condition the child has been said to be "skin-bound." The affection, indeed, is well known under the name of the "skin-bound disease." It is called in France, where it appears to have been infinitely more common than in England, "Œdeme du tissu cellulaire des nouveaux-nes." It has been described in the "Journal de Médecine" under the name of "Ædématie concrète," by Monsieur Souville, surgeon to the Military Hospital at Calais. In England it is designated "induration of the cellular tissue," which appears to me to be a preferable "style and title." It has been most commonly, and indeed almost en-

tirely, confined to infants, that therefore has been described as the disease of the newly-born.

The case of a child born early in the last century, in the hospital at Stockholm (one of the earliest particularly mentioned), was described by Urenbezius, and is recorded in "Schurigii Embryologia" (de fœtu frigido et rigido). These peculiarities, coldness and rigidity, are extremely expressive of the condition in which the infant patients are most commonly found; yet a false impression might be produced on the mind by the detail of the Stockholm case, as to the degree of cold, the midwife stating that though born alive it (the child) was as intensely cold and rigid when it came into the world as a piece of ice. Such exaggerated expressions are extremely vexatious, and detract excessively from the value of any record in which they occur, not only as regards the particular fact misstated, but as regards the authenticity of the record as a whole. While adverting to that case I may add, that the coldness and rigidity are described as occurring in a still-born infant, yet the midwife is reported to have said "though born alive," &c.

This disease may be said to be extremely rare in England, in comparison with the frequency of it in France; yet I believe that in this country it is frequently overlooked, or rather that although the coldness and hardness may not be overlooked as individual peculiarities, they are overlooked as constituting the disease in question. It has been regarded, indeed, as a hospital disease; as one very rarely occurring elsewhere, and therefore as being but little known as a specific disease. It is said to have been common in the Hospice des Enfans Trouvés * at Paris, and at the Hôtel Dieu. M. Souville states, that it is a very common disease in the provinces, as well as in Paris.

In the Middlesex Hospital, during the time that Dr. Denman was physician to that institution, great attention was paid by him to the disease; and I cannot describe it as it generally appears in this country, more forcibly or more accurately, than in his own language.

1. The skin is always of a yellowish white colour, giving the idea of soft wax.

2. The feel of the skin and flesh is hard and resisting, but not œdematous.

3. The cellular membrane is fixed in such a manner, that the skin will not slide over the subjacent muscles; not even on the back of the hands, where it is usually very loose and pliable.

4. This stricture often extends over the whole body; and the skin is peculiarly rigid in parts, about the face and on the extremities.

5. The child is always cold.

6. The infant makes a peculiar kind of moaning noise, which is often very feeble, and never cries like other children.*

7. Whatever number of days such children may survive, they always have the appearance of being dying.

In France it is considered to be an epidemic disease, to arise from foul air, and to infest particularly certain large hospitals, "of whose new-born children it is supposed one out of twenty is visited with the disease;" and it is said to be most common in the hotter months. On this latter point, however, there is a discrepancy perhaps scarcely to have been expected; for it is also asserted, on high authority, that it occurs more frequently in winter than at any other time of the year: and Andry and Auvity who, perhaps, may be said to have been the first to describe the disease as it occurs in France fully, assert that it is caused by cold.

Credit has been given to these authors, Andry and Auvity, as having been the first to describe the disease *properly*; and to them the credit is due, so far as regards the disease in France, and in the French hospitals; but credit is no less due to the authors of our own country, as regards the disease in the form in which they met with it here. The description of Denman, for example, in reference to the diseases he saw, is not less faithful, less graphic, nor less accurate, than the descriptions of these gentlemen in regard to the results of their experience: a fact which, I think, has been too unceremoniously either overlooked or set aside. Indeed, the description of the disease by English authors, militates so entirely against the pathology which has been established upon the faith of post-mortem examinations in France, that there appears to be no alternative between denying the correctness of the one or the authenticity of the other. Our patient, however, certainly leaves no doubt that they *had* met with cases precisely such as they described.

Children in the last stage of bowel complaint; those that are prematurely born, or who are feeble and have feeble respiration at birth; and the children of the poor, *cæteris paribus*, are spoken of as being most subject to it. With regard to season of the year, you recollect that our patient began to have the characteristic symptoms not in the summer but in the winter; that her mother attributed it to cold, and expected that warm weather would remove it. The period of life at which this hardening almost always occurs, is, as I have already said, such as to have procured for it the character of the disease of infants

* In the years between 1808 and 1811, there died in the Hospice des Enfans Trouvés 576 out of 643 attacked with the disease. This statement places it beyond all doubt, that it is a comparative stranger to us.

* The continual whining of the child has been compared by Norfmüller to the crying of young mice. C. and M. 184.

especially. Generally it attacks within the first few days; it may, however, attack on the first day, or may be congenital: it sometimes, however, is found later in life, as the case under consideration exemplifies. A very curious case of hardening of the integuments that occurred in a Neapolitan girl is also an illustration.

I have in my hand an abstract of the principal circumstances of that case, which I will read to you; both because the example is an interesting one, and because in referring to it, it will be convenient that I should have done so. That the narrative at the time the case occurred should require confirmation, in consequence of the novelty of it, cannot be a matter of surprise; and even now that the disease is well known, yet from the almost marvellous degree of hardness which the skin attained, I may not be using more than proper caution in stating the authority upon which it was published in the "Transactions of the Royal Society," and upon which I direct your attention to it. The paper, by Robert Watson, M.D., F.R.S., was read before the Royal Society, May 16th, 1754, and states "that the disease which lately befel a young Neapolitan woman being of an extraordinary nature, greatly excited the curiosity of the governors of the Royal Hospital at Naples. These gentlemen engaged Signor Crusio, the physician of that hospital, to whose care this patient was committed, to draw up a faithful relation of the case. The Abbé Nollet, of the Royal Academy of Sciences at Paris, being desirous of having an authentic account of what he had heard had been so much the subject of discourse at Naples, procured by his friend from Signor Crusio a transcript of this relation; and believing it not unworthy of attention, transmitted it to London. In a letter to Mr. William Watson the Abbé Nollet assures him, that the relation contains nothing but what is true, because," says he, "I have been informed of the fact by disinterested persons, and because I know the writer of it to be a man of too much honour to be capable of attempting to impose upon any one."

The patient, Patrizia Galiera, seventeen years old, the daughter of a citizen of Naples, was brought to the Royal Hospital the 22nd of June, 1752. She informed Dr. Crusio "that her complaint was an excessive tension and hardness of the skin over all her body, by which she found herself so bound and straightened, that she could hardly move her limbs. Upon examining her, he found her skin hard to the touch, like wood, or dry hide; however, he observed some difference in the degrees of hardness: for in some places it was greater, as in the neck, forehead, and particularly the eyelids, insomuch that she could neither raise nor entirely shut them. It was also very great in the lips, tongue, and on each side of her body; but the muscles under the skin seemed not to be affected, because the joints could be bent; and if in any place there was difficulty in moving the limbs, this arose not from any defect in the muscles, but from the hardness and tension of the skin and cellular membrane, which did not yield to their contraction and relaxation. For example: she could scarce open her mouth; which happened not from any fault in the digastric or other muscles, but from the hardness of the skin that covered the lips and cheeks, and that would not permit her to draw down the lower jaw. In the same manner was she incapable of bending her neck, or turning her head: neither did this happen from any defect in the muscles destined to that office, but from the firmness of the skin and membrane which in no wise yielded to their contraction. This was the case in other parts of the body; the muscles being, as it were, tied down and compressed by a hard, dry, and unpliable covering."

"As to other particulars, her skin had lost its natural warmth, but was sensible when it was pressed upon by the nails or a pin, the patient saying that she felt a pain as if the skin were tearing; her pulse was perceived to be deep and obscure, but equal and regular; her respiration was free and uninterrupted; her digestion was good, and she found no inconvenience after eating, except a greater straitness, and an uneasy constriction round the belly." It appears that the alvine excretions were proper, but that the renal sometimes exceeded the quantity of what she drank, and appeared loaded with salts; "both which circumstances," the detail proceeds to say, "perhaps proceeded from the sensible and insensible perspiration being entirely wanting. For upon being asked whether she ever sweated, she said that she did not, though she was ever so much exercised and fatigued; her sleep was natural."

"She said her disorder began first in her neck, which she perceived she could not move as usual; then she found the skin of her face and forehead to grow hard and tense. She never had any other disease, except a little fever some years before, nor had ever been suddenly frightened." It appears that there had been no catamenia. This I have copied from the "Transactions of the Royal Society," vol. xlviii., part 2, for the year 1754.

As I have spoken of the disease now under your notice, and that which occurs so commonly in France as being essentially the same, I may probably leave you under an erroneous impression if I do not describe rather more fully certain appearances observed by the French practitioners, which are different to anything we have seen in our little patient, and very different from the appearances enumerated by Dr. Denman, and different also from those described by Dr. Crusio.

It is stated in France that it never occurs without the appearances mentioned as characterising erysipelas infantile; that redness and hardness about the pubes are especially present, and that tumour and redness attack the feet; that the parts, although of purple redness, are still constantly cold, and that though suppuration rarely takes place, mortification of these parts is not uncommon.

In these particulars you perceive an enumeration of symptoms in *addition* to those we see in our patient; in *addition* to those described in the Neapolitan case; in *addition* to those enumerated by Dr. Denman; and, I may also add, in *addition* to those enumerated by most English authors. You perceive, moreover, that they are symptoms of a more aggravated character, tending to the inference that although the disease in England and in France is essentially the same, that it is more virulent in the one country than in the other. I should also be leaving you under a false impression, if I led you to suppose that aggravated cases do not *sometimes* occur with us. I have already expressed a surmise that the peculiarities described by Dr. Denman and by other authors, including even those of France, are more frequently seen, and considered remarkable for the *individual* appearances they present (which, indeed, it would be difficult to overlook), than *recognised* as peculiarities constituting a *well-known* and *well-described disease;* and I have no doubt you will hereafter find midwives, and possibly others, committing oversights in that particular.

I have stated that I do not feel warranted in affirming the hardness to be the consequence of effusion into the cellular membrane, and our present patient certainly does not tend to diminish the difficulty: one part only about her (the cheek) appears to be at all enlarged, and that but very slightly, neither when touched cursorily nor examined attentively, does it betray the existence of œdema; the arms, forearms, and legs, as I have stated, not only appear to be less than their natural size, but are stated by the patient and by her parents to be so, and they give *no* indication of œdema: these, however, I will not detain you to remark upon, because, although they were in an œdematous state, I should still not feel assured that the œdema was the cause of the hardness. The hardness of the skin, and of what small quantity of cellular substance may be subjacent to it, upon the wrists and hands, together with the dense, close contact between the skin and the parts beneath, which is manifest to the touch, puts the existence of œdema in these tissues wholly out of the question; and the state of the integument of the forehead, and its hard, firm, comparatively fixed, condition are, if possible, still more incompatible with the existence of œdema. All the parts covering the frontal bone moreover, the skin, the cellular membrane, the muscular fibres, and tendinous and membranous tissues as a whole, constitute a covering thinner in the aggregate than that which they comprise in the healthy state.

The idea may suggest itself to you that the disease before you, as well as that of the Neapolitan girl, and the disease described as affecting new-born infants, are not the same, but I believe there is no doubt of their identity, although there are great modifications as to certain circumstances; this may be partly owing to the comparatively advanced age of our patient, and of that of the patient of Dr. Crusio; but we see also very conspicuous and important modifications in the symptoms of the disease, as it generally attacks even infants in this country, in comparison with those presented in France. In France œdema is said to be constantly present; indeed, it is spoken of as *causing* the hardness; it is not regarded as a mere contingent circumstance, but as the essential element of the disease itself. We find, however, modifications in the cases observed by Denman, and amongst these modifications we find that the feel of the skin and flesh is hard and resisting, *and not œdematous;* and upon authority still later, it is stated that the extravasation reported to be constantly met with in France, has not been found in this country.

We see another instance of modification in the presence of *erysipelas* in France, and the absence of it in England. It is said there, for example, that it never occurs without the appearances described as characterising the infantile erysipelas; while it is stated by an authority of our own country, who has paid great attention to the subject, that in no instance that he has heard of, has the disease been attended with the erysipelatous affection uniformly noticed in France.

It appears to be necessary, then, that we should keep in mind that the skin-bound disease, or hardening of the cellular tissue, exists under three series of circumstances distinct from each other.

1st. That it may exist in new-born infants, *without* œdema, without erysipelas, and without blue or red or purple discoloration.

2nd. That it may exist in new-born infants, accompanied by œdema, erysipelas, and blue or red or purple discoloration.

3rd. That it may exist in children at a much later period (we may, perhaps, say adults), also without œdema, erysipelas, or discoloration.

The question of pathology as regards this malady is one of great interest, and I think I may say of great obscurity. Yet pathologists of the highest reputation have devoted great attention to the subject. The points of greatest interest turn upon the inquiries relating to effusion. Whilst the disease has been called, on the one hand, hardening of the cellular membrane, it is stated on the other that the cellular membrane never be-

comes hard, and that the appellation would not have been adopted had the real state of the parts been accurately observed. The designation hardening of the cellular tissue has been, indeed, set aside, to make room for that of œdema of the cellular tissue. That there may be a state of œdema, the highest authorities have not only contended but proved, and there is no doubt that in those cases where the most extensive and most elaborate investigations have been made, effusions have been found almost universally; those investigations, however, although participated in by a countryman of our own, have been made in France, chiefly at the Enfans Trouvés, and upon infants, moreover, who had died under the disease, as it occurs in that country, and in that establishment. The results of these examinations have developed that which I am constrained to believe would not be found in our patient, were she to become the subject of post-mortem examination; and I cannot venture to affirm to you, even upon the authority of these researches, that the hardness which constitutes so peculiar a feature in the disease, is the consequence of œdematous effusion into the cellular membrane, whether *simple* effusion of a fluid similar to that contained in the cells in *ordinary* effusion, or of a fluid capable of becoming *concrete*, as it is stated to be by Chevreul, who examined fluid taken by Breschet from the affected parts of children that had died under a complication of œdema and jaundice. You recollect I stated as one of the synonyms of this disease, that it had been described under the name of œdematie concrète; yet where œdema does exist in infants labouring under this disease, the fluid is not found in the cells in a state of concretion; and further, although it is capable of becoming coagulated when at rest, and in the ordinary temperature of the air, that property is not peculiar to such fluid, but is possessed also by the fluid of ordinary œdema.

There certainly appears to be reason for suspending the judgment as to whether the effusion is the cause of hardness, even where effusion is obvious and abundant; and I am rather disposed to think that the peculiarity exists in the solids—that the solid parts being in a peculiar state when effusion takes place into them, a hardness of a peculiar kind is produced. The fluids effused, as I have said, are not found in a concrete state in the diseased parts, it flows out when the part is punctured, and it is not found to possess qualities different from those possessed by the effusion of ordinary œdema. If, then, neither the fluid parts nor the solid parts differed from their *ordinary condition*, *ordinary* œdema would be the result; and my reason for preferring the supposition that the solid parts are those which differ most from the normal state, and that their abnormal condition, be it what it may, constitutes the disease, is not only the apparent identity of the fluid with the fluid of ordinary œdema, but the presence of hardness well defined and characterised where œdematous effusion is palpably and altogether absent. I have already remarked that the most elaborate researches have been made in France on children dying of the disease in the hospitals there, and it is admitted by one of the most eminent pathologists engaged in the research that he never met with a case such as Denman and others have described; it is true that the cellular tissue in the cases observed by them is stated to be not only hard but *dry*. The term dry is certainly, if taken in its literal sense, liable to exception; by that term, however, I should understand nothing beyond this, that it was not œdematous, and that it contained rather less than more of the fluid which naturally belongs to it, not that it was absolutely dry.

If we press upon the affected parts in our little patient with the finger, we have a distinct sense of hardness, and even of elasticity, but none of œdema; and I fully believe that were they cut into, they would be found *deficient* of the usual humidity. In persons whose clothes have caught fire, and who are brought to the hospital severely burned, we most commonly find some parts severely scorched, but in which the skin is not broken and there is no vesication, but a tense elastic hardness, and the sensation conveyed by our patient's arms on being touched and pressed, resembles closely that conveyed by such scorched parts; indeed, no comparison occurs to me that is more apposite. I am desirous that you should attend particularly to these features in her case, because the opportunities of examining for yourselves in such disease is not common. You recollect that in the account of the girl Patrizia Galiera, the skin was described as being hard to the touch, like dry hide; that the muscles were tied down and compressed by a dry, hard, and unpliable covering; that if in any place there was a difficulty in moving the limbs, this arose not from any defect in the muscles, but from the hardness and tension of the skin and cellular membrane which did not yield to their contraction and relaxation. In all these particulars we perceive a close resemblance to our patient as to the *kind* of affection, although there is happily a difference in *degree*. The detail of treatment in the case of the Neapolitan patient includes other remarks indicative of the hardened and dried state of the parts, and speaks of the cuticle having collapsed, conlesced, and grown rigid, firm, dry, and hard, but does not at all speak of enlargement or œdema. In these particulars also we have again an analogous state to that which I have directed your attention to in our patient, and have just described, that the arm and forearm, for example, had the appearance of being wasted, and the skin of having shrunk, even still faster than the sub-

stance it invested; and in that way not only failing to be left by the receding contents in a loose, movable, wrinkled state, as happens where there is attenuation under ordinary circumstances, but preserving a closeness of contact and a degree of firmness even greater than that which is natural to it. I think I need not say more to convince you that induration of the skin and cellular membrane may exist without œdema, or that our patient is an example of that fact.

It has been conjectured that the hardness is caused by condensation of the fat produced by the mechanical pressure of effused fluid: as effusion, however, is not a constant attendant, we are left to conclude that the altered texture requires some other explanation. I shall not now enter into either that or other opinions relating to the same subject.

With a view to treatment I have been desirous of ascertaining the *cause* of the disease in our present case, but I am by no means certain that I am able to state to you what that cause has been; it came on, as we have seen, during cold weather, but cold scarcely can be looked upon with confidence to explain the origin, although it may give predisposition, the disease occurring in new-born children before they have been exposed to cold, and its being also not unfrequently congenital, leaves us but little reason to attribute it to that agency.

Post-mortem examinations show that there are generally venous congestions in all the viscera, and this has been adduced as an explanation of the diminished heat, the serous effusion, and other peculiarities; our patient, however, has not evinced the ordinary signs of visceral congestion, and I have not discovered any symptoms of that class calling for treatment. Breschet suggested that the foramen ovale being permanently open in infants is the cause; but according to Billard, in seventy-seven children affected with œdema of the cellular tissue, there was in forty complete occlusion of the foramen ovale, and in twenty-eight of these the ductus arteriosus was contracted, and did not allow the passage of blood through it. We perceive that in *less than half* the cases cited by Breschet the foramen ovale was in that condition which he states to be the cause of the disease. Moreover, we see that under ordinary circumstances, and in the usual progress of change in the condition of the foramen ovale, it is most commonly found open in infants within the period at which the disease in question not only makes its appearance, but proves fatal. It has been found, for example,—

In Children,	Days old,	Open entirely in	Obliterated partly in	Obliterated entirely in
18	1	14	2	2
22	2	15	3	4
22	3	14	5	3
27	4	17	8	2
29	5	13	10	6
20	8	5	4	11

We are also aware that the eighth day is not the limit; that it often remains open longer, and is not unfrequently pervious in the adult. I believe the truth is, that nothing worthy of any reliance has been particularised as the cause of the induration.

The disease is by most, if not by all, authors, associated with spasmodic affections, and is considered to be frequently attended with tetanus; more frequently, however, in France than in England, where also the extremities are considered to be more frequently affected with convulsions than in England. Our patient does not afford us any particular illustration in this respect, either positively for or positively against its being of a spasmodic character. While in the hospital she has had nothing like spasm, but, as I have informed you, in connection with the history of the attack, she had prior to admission cramps of the hands. In the case of the Neapolitan girl nothing is said of convulsions, except that on going into a warm bath for the seventh time she was seized with convulsions in the muscles of her legs and arms; there is no statement of their having recurred; the bath, however, was discontinued.

The treatment of the malady is a subject of no little anxiety, the more especially as there cannot be said to be any plan laid down that can be relied on: in the subject of our present attention, I found a state of health indicating general debility; an inactive, seemingly sluggish state of the system, but with no obvious seat of internal disease; little appetite; spirits dull, with a habit of body become rather confined. Under these circumstances improvement of the general health appeared to be the first consideration, and with a view to this she has been under a course of purgative medicines, sometimes calomel and mild warm tonics, and a nutritious diet. Not having sufficient confidence in external applications to encourage me to prescribe them, with the exception of warm fomentations, they have been omitted; as the disease was preceded and appeared to be introduced by a state of general debility, I was not without hope that improvement in her general health might diminish the hardness and rigidity; but although her health has improved, and although she is more cheerful, and from having a sallow waxy complexion, has now, as you perceive, some little colour in her cheeks, and from having but a delicate appetite, is now not at all indifferent about the sound of the dinner bell;

although, indeed, the improvement in her health is general and conspicuous, I do not perceive the least improvement in those peculiarities constituting the hardness of the different parts. The warm fomentations appeared not to produce any improvement, and I fancy the applications were not agreeable to her, for although she says they did not give her any pain, they were left off at her own request. We will now, however, see the effect of external applications, commencing with those of an oleaginous kind, keeping the alvine and other secretions natural as far as may be possible, and endeavouring to induce a perspirable state of the skin. The disease will certainly be troublesome, and I am by no means sanguine; in infants it is in a frightful degree fatal, but in them it is also in many points different, and attended by circumstances which in our patient do not exist.

Since I had the opportunity of showing you here the woman with supernumerary papillæ a few weeks past, on which occasion other cases of variety of the mammary system were adverted to,* I have been favoured with a communication from Mr. William James Clarke, surgeon, of Kirkgate, Huddersfield, relating to a variety of the same class. That gentleman says, "a somewhat similar case recently came under my notice. I was examining the epigastric region in a young female, about twenty-six years of age, when I was struck with the uncommon appearance of the chest: upon looking more closely I perceived it arose from double mammæ on horizontal lines, the upper or normal ones being of the natural size, the lower about the size of half an orange, with perfect nipples surrounded with areolæ and papillæ, very similar in size and appearance to a man's. The girl herself had no other idea than that they were moles; she is unmarried, and has never been in a situation to give suck, but from the feeling of them I think there is glandular substance in them." I am further informed by Mr. Clarke, that "there is no other peculiarity in her health, except being subject to dyspepsia," and that his patient "is not aware that her peculiar formation is, or ever was, in any other member of her family."

You, perhaps, recollect that the patient whom you saw supposed the unusual growths to be mere moles (in this particular corresponding with the case detailed by Mr. Clarke), and that she did not discover them to be otherwise, until she had become a mother and a nurse; an interesting point which I have every reason to believe will not escape the attention of Mr. Clarke as regards his patient, in the event of her hereafter having a family.

* See LANCET, 1841-2, vol. ii., p. 468.

THOUGHTS ON THE REAL AND IMAGINARY GRIEVANCES OF THE MEDICAL PROFESSION.

(Concluded from p. 747.)

THE chief opponents to the equalisation of corporations are naturally the several colleges of physicians. These gentlemen pertinaciously strive to retain privileges which they have never been able to maintain, except against the conscientious and competent graduate whose indisputable rights they thus invade,—privileges which have always proved impotent when directed against the malapraxis of the unprincipled empiric, and which, by erecting for centuries an impassable barrier against the undiplomated candidate, have proved incalculably detrimental to the health of the people. These physicians, who prosecuted unremittingly so long as they could get juries to convict, and did not cease to indulge themselves in these luxuries until hostile verdicts made them too expensive; enjoying as they do the prestige of centuries, possessed of an exclusive right to a title descended from the dark ages, endowed with court precedence, and individually superior wealth, yet dread to contend in a fair field with their brethren of the other corporations. Can it be that the long-cherished notion of their superior intellectual stature now commands a less implicit conviction?

The advocate of professional amelioration no more desires to interrupt the natural division of labour, than to obliterate medical distinctions. He believes this principle to be of spontaneous growth, and to be checked and injured by coercive enactments. This belief is well expressed by the editor of the "Medical Gazette:"—"The division of medical labour appears to be absolutely essential to the progress of science, and if *not enforced by law*, it maintains a sort of *spontaneous* existence. Men were unable to cope with the vastness of medicine. The studies subservient to it form together so appalling a list, that no man could hope to reach celebrity in each; it happened, therefore, *instinctively*, that they followed separate departments of it. Even individual subjects grew too wide for any one person to follow thoroughly, and many persons have selected particular branches, by the cultivation of which they *add to the stock of knowledge*, and obtain reputation. This is not only conducive to the advance of science, but is also a *necessary* result of the advance."

In this passage we have a clear and even an elegant description of the natural growth of the technical division of labour; yet the writer while he describes the *spontaneous instinctive* and *necessary* characters of this principle, would have it *enforced by law*. Would it not be as well to have an act to

paint the rose or to gild gold? It is such intermeddlers as this writer and Dr. Hull who interfere with the economy of nature, and like Malay parents or Dutch gardeners, would distort the fair symmetry of the profession into revolting deformity.

The artificial tripartite classification of the profession into the orders of physician, surgeon, and apothecary,—a most illogical classification truly, for it is neither comprehensive nor distinct,—had its origin in the interference of national or clerical authorities. The division of physic and surgery as now extant, originated in the whim of an ecclesiastical council, and the apothecaries were first called into a separate civil existence by the Neapolitan edict of the Emperor Frederick the Second. The London Apothecaries' Company, too, enjoys the rather equivocal honour of deriving parentage from that Εικων βασιλικη, a most ugly likeness, James the First.

Dr. Hull, the scholastic purveyor of irrelevant Greek quotations, eulogises, as we have seen, this tripartite division as "the true, the *ancient*, and the English arrangement." The antiquity of this division is denied by every classical authority, except, perhaps, the undeciphered manuscripts of Herculaneum or Pompeii. Antiquarian research conspires with common sense to prove that the office of the general practitioner was the original form of the medical profession. He finds his archetype in the primitive culler of simples and the Ιητρος of the Greeks. His functions are not derived from the *union* of medicine, surgery, and pharmacy, but these branches are off-shoots from his stem. The physician, the surgeon, and the special practitioner, are hot-house flowers, which can only flourish in the expensive conservatories supplied by dense populations; the general practitioner is the original native hardy plant, which thrives in all situations, whose species was from the beginning, and is imperishable. Dr. Conyers Middleton in his "Dissertatio de Medicorum apud veteres Romanos Degentium Conditione," after quoting the following sentence from Pliny, "Omnes simul medicinæ partes a singulis medicis una exercentur," thus proceeds:—"From the time of the emperors, when the multitude of citizens and medical men had increased immensely in a city abounding in every kind of wealth, even each part of medicine was able to confer on its professors a sufficient remuneration. Then was the healing art first divided into various parts, and each by a different person treated, so that every part of the body, and even certain pains, had therapeutists proper to themselves, who began to be called clinici, chirurgi, ocularii, auricularii, &c."

Dr. Middleton in his most able essay supplies abundance of testimony to show that medicine, surgery, and pharmacy, were practised by the same individual, even when the practitioner limited his ministration to certain diseases.

In Hieronimus Mercurialis we have the following sentence:—"Postremis temporibus" inquit Menagius "partem illam medicinæ quæ manu medetur ab aliis homines sejunxerunt; quando factum hoc dissidium, dixerit alius non ego. Certe post Antoninos."

From the accurate and laborious Beckman we draw the following corroboration:—"That the Greek and Roman physicians prepared themselves those medicines which they prescribed for their patients is so well known, that I think it unnecessary to bring proofs which no one can be unacquainted with who has read Theophrastus, Galen, and Hippocrates."

It is obvious from these authorities that Dr. Hull's tripartite division of labour did not exist amongst the ancients. A citation or two will show that it is not old even in England, but, on the contrary, a mere modern innovation which has but partially succeeded.

Dr. Freind, speaking of John of Gaddesden, who flourished in the fourteenth century, and was the first Englishman who attained the rank of court physician, narrates as follows:—"John performed manual operations in surgery, he was a bone-setter and an oculist; he had a great many secrets. He talked much of his gains by the market he made in selling nostrums, sometimes at an extravagant rate. He said he made good money by a receipt of tree-frogs, which he sold to the barber-surgeons, upon which he seems to hug himself as if he had hit them. '*Pro quo*,' he chuckles, '*habui bonam pecuniam a Barbitonsoribus*.' Above all, he understood the sweets of being concerned in the cases of pregnant women. He talks much of midwifery."

The records of the barber-surgeons inform us "that Morestede, a surgeon who served at the battle of Agincourt; Jacques Tries, a physician; and John Hobbes, *physician and surgeon* to Edward the Fourth, petitioned for a grant of charter which was given by Edward, and the Company of Barbers was incorporated in the name of St. Cosmo and Damianus, physicians and martyrs." From the same authority we learn that Dr. Chambre, physician to Henry the Eighth, and other physicians, were masters and members of the Barbers' Company.

It is so well known as to need no reference, that at a more modern date Harvey practised physic, surgery, and midwifery, during his whole life. So did more lately still William Hunter, Jenner, Cullen, and many others.

Within a little more than half a century it is notorious that physicians were inventors, vendors, and advertisers of nostrums. Such was the collegiate origin of Griffith's mixture, Huxham's tincture, and Dover's and James's powder.

It is clear from these quotations, as well

as from a consideration of the actual condition of the medical profession, that the various divisions of medical labour which have prevailed at different epochs are reducible to two kinds. They are *civil* or *technical*.

The *civil* division is that exhibited in the relations of primary practitioner and referee. The *technical* division refers to the distinction of general and special practitioner.

The civil division into primary and consulting practitioner was probably not well established until modern times. There existed formerly too much jealousy in the profession to permit a genuine and candid consultation, and it is not unlikely that the acknowledgment of the physician for a time, as a superior grade, may have tended to facilitate this most beneficial arrangement. When the physician possessed all the education that could be obtained in the healing art, and the primary practitioner or apothecary scarce any at all, the physician or referee was called in as the *general* superior of the primary or general practitioner.

The augmented wealth of the nation, and the consequently increased facilities for obtaining a medical education, have raised the primary practitioner to a level in point of general acquirement and professional skill, with the obsolete surgical or medical referee. This change of circumstances has rendered it no longer conducive either to the credit of the medical attendant, or to the interest of the patient, that a *general* referee should be consulted. The essential superiority having ceased, a superiority of name without a corresponding enhancement of skill, is but an imposition upon the patient.

Here we find a resource equal to our difficulties in the technical division of labour. It has been shown in a former quotation that the concentration of the attention upon certain departments of the science, is a necessary consequence of the progress of improvement, and must lead to the extension of our stock of knowledge, and the exaltation of our skill. It thus becomes indispensable for the practioner who lays himself out for consulting practice, to confine himself to some special department, by which he may insure the acquirement of a superiority in his own province above the medical artist, whose attention is spread over the whole field of the science. The general practitioner should aim at another kind of excellence: "He," according to the "Medical Gazette," "is a highly-important person, more so than either of the others, especially in small towns where the pure physician and surgeon could not exist. He is on no account to be lowly esteemed, though, perhaps, unable to attain to so high a degree of knowledge in each branch as those who study but one exclusively; he is *superior* in the fact, that his researches are more general. He embraces the whole subject."

The wants of society have given rise to the civil division of primary attendant and of referee. The course of events has rendered the superiority of the latter impracticable, unless he confine his attention to a particular branch of practice; and here it is evident the civil and technical analysis of medical labour ought to become co-ordinate. In the technical division of labour every individual pursues his object without reference to his professional brethren, but the civil division, or rather combination, implies the consent and co-operation of several, or of the entire profession.

There is a tacit understanding that the primary attendant should extend his surveillance over a large sphere, and acquire a peculiar excellence in the exclusive treatment of a wide range of mild maladies, as well as of all diseases in their early stages, and in many instances in all their stages. The kind of skill called forth in the performance of these duties is not implied in that of the physician or pure surgeon, or of any special therapeutist. This is well shown in the inefficiency exhibited by any of these special practitioners, whenever they happen to have charge of a general practice. There exists, also, an understanding, although less generally acted upon, that the special practitioner should confine himself to consulting practice.

It is the interest of the general practitioner that this tacit understanding should be converted into an explicit rule; and it would be a wise resolution in this numerous and influential body not to meet in consultation any referee who acts as a primary attendant. The enforcement of such an arrangement would have many beneficial results; it would remove all the jealousy now existing between the primary and consulting practitioner; it would conduce simultaneously to the interests of science and the welfare of the patient, and more particularly lead to the enhancement of the general practitioner's consequence in society.

The province of each class being well defined, there would exist no room for that unceasing jealousy which is an opprobrium to our profession, and is no where more glaringly exhibited than amongst the self-styled "heads of the faculty." That grasping set of our medical brethren would be by such an arrangement taught to respect their *general*, though neither inferior nor "subordinate," coadjutors.

The occasional insolence of the successful referee towards the primary practitioner is so astounding as to require an example or two to illustrate it, and which will tend to enforce the propriety of the arrangement which I have just recommended.

In Dr. Klein Grant's "Life of Dr. Hope" an account is given of a misunderstanding between the subject of the memoir and a late general practitioner, and exhibits a sad proof

that psalm-singing is not always inconsistent with slander. In this narrative the following passage occurs:—"The lady, with as much politeness as possible, expressed a wish that Dr. Hope would not object to consult with Mr. ——. For a physician to be thus called to consult an apothecary is contrary to *professional rules*. Dr. Hope therefore explained, that he could not do so; but at the same time feeling for the lady's alarm, he said he should have no objection to *see* Mr. ——." If the knowledge of the general practitioner be, as is admitted by the "Medical Gazette," *superior* in some respects, why should not the referee consult with him. Is there nothing in the previous acquaintance with the case possessed by the general practitioner which might assist the judgment of the referee? Is it perfectly impossible that the perhaps long or extensive experience of this despised functionary should be totally unproductive of a single useful suggestion? Or is he to be considered a mere menial or *rasa tabula* to receive the dictation of the referee? But this reduction of the primary attendant to a non-entity, who must, without reference to his own judgment, surrender his patient to the mercy of the stranger, is, forsooth, the dictum of a certain code of "professional rules."

May we ask by whom are these rules established? The answer is, by the referees alone! Is it not high time, then, that the general practitioner should form for himself a code of "professional rules," which should contain, for his own protection, at least the two following stipulations, viz.: First, that no referee acting as primary practitioner, except in rural districts, should be consulted. Secondly, that every primary practitioner should have, in every consultation, a voice in determining the treatment of the patient.

Another instructive example of this hostile animus of the prescribing practitioner against the generality of the profession, is exhibited by the eternal Dr. Hull, and will be the last I shall bring forward in this division of my subject:—"He who thinks that the discovery of the protective influence of cow-pocks *per se* and imperiously gives a claim to the highest medical rank, forms a singular judgment of the *physician*." Such a judgment, however singular in colleges, happens to be universal amongst the people. The intellectual fire which alone could give birth to such a brilliant discovery is infinitely more precious than the concentrated light of a myriad of obscure intellects, who have just power enough feebly to reflect the rays of science which genius has originated. The general practitioner, Jenner, will ever be regarded by the right thinking as having conferred a greater boon upon his species than all the efforts of all the Hulls and Halfords that have ever existed.

2. Too many of our medical reformers regard the chemists and druggists as an insignificant set of impostors, fit only to be cudgelled or "regulated;" imitating, in this respect, a certain class of philanthropists, who look upon the Sartorian world as so many snippings of the broad-cloth of humanity. This is a very erroneous impression. These semi-professional people are a very numerous and, to our sorrow, a very influential class. They include in their ranks many mercantile men of large capital, a *very* few men of science, and an extremely active, industrious, and unscrupulous commonalty.

They are of two orders: the first embraces the manufacturing chemists, the wholesale druggists, and the drug-brokers, who are all interested in upholding their own immunity from the inconvenient visits of the exciseman, and that of their retail brethren from any restrictions that may be imposed upon their illicit medical practice. The second order consists of the retail or medical chemists, the greater part of whose emolument arises from the sale of medicines or the dispensing of prescriptions. The gains they make by other means, such as the sale of chemicals for domestic and manufacturing purposes, are unimportant.

This second order, whose misdeeds more immediately affect the interests of the medical profession, were originally called into existence by the false pride of the general practitioner, when he became ashamed of the ancient emblems of his business.

The open shop for the sale of medicines is a social necessity; and if the educated practitioner, dignified by the honours of "the hall and college," and too genteel and scientific to follow the example of Hippocrates and Galen, thinks it a degradation to administer in this fashion to the wants of his neighbours, he has no right to complain that another person is sought for to fulfil the function which he rejects.

This function of selling remedies, however, is inseparable from that of giving advice. The retail chemist sells not drugs merely, but medicines; that is to say, drugs moulded into a form and graduated to a strength suited to the age, disease, and constitution of the patient or purchaser. By no minuteness of machinery can the Legislature discriminate between that kind of advice which determines the amount of a dose from that which indicates the *kind* of medicine which should be chosen. The law has exhausted its power in driving the chemist to his counter. His counter is his castle, or rather his sanctuary, from which, when once he has entered, he cannot be prevented delivering oracles.

The wretched affectation of the regular medical man who thrusts the emblems of his art behind him like an unseemly utensil, has prompted him to a false move, and he finds too late his abandoned position occupied not by an extra-professional coadjutor, but by a rival therapeutist.

The medical chemist in usurping the "blue bottles" has imbibed the medical or therapeutical character of his predecessor. He is, in fact, professional. The duties which he performs, even behind his counter, presuppose an acquaintance with the fundamental principles of the healing art; but he seldom or never restrains himself within legal bounds, and constantly invades the province of the regular practitioner, by visiting patients, and by the concoction and administration of worthless nostrums and pseudo-patent medicines.

The evils that are inflicted in this way, by ignorant pretenders on the community, are of much greater magnitude than is generally imagined; and as long as men medically unqualified are permitted to retail and compound medicines, these evils are irremediable, or at least can only be prevented by such onerous and inquisitorial enactments as no conscientious man would consent to impose upon a number of his fellow-citizens.

It is indisputable that this class of artisans, by assuming the medical character, incur all the responsibilities and duties of that profession, and amongst others the obligation of undergoing a medical ordeal — the obligation of submitting to that test which I have elsewhere shown to be *the possession of that amount of skill and knowledge which may be proved to be attainable by a number of persons adequate to satisfy the medical wants of the nation.*

Those advocates of the chemists who maintain their medical character, cannot consistently deny the justice of their being subjected to such an examination of their qualification. If the medical student, who is trained by an expensive and laborious course of study, is for the sake of the public weal compelled to submit his acquirements to a trial, so ought, *à fortiori*, the chemist and druggist, who undergoes little or no preliminary preparation.

But there are persons who hold that the chemists and druggists are neither entirely medical nor entirely laical, but a kind of hybrid compound of both. This appears to be the opinion of the "Pharmaceutical Society," who, while they advocate the propriety of an examination, yet consider that the medical acquirements of the candidate should be very moderate. This is a most pernicious error. In no department of science is a little knowledge so "dangerous a thing" as in medicine. If a practitioner be permitted to treat one disease, he is, in fact, permitted to treat all, for it would be impossible in a court of justice to discriminate between nosological distinctions; and as mild diseases may naturally or by injudicious treatment become serious and fatal, it would be absurd to license one class of medical men to treat minor diseases, and another class to treat the major.

Some years ago, Lord Althorp, a friend to the hybrid breed of chemists and druggists, received a deputation of medical men who were anxious to impress upon him the necessity of forbidding this class from practising any department of the healing art. His lordship, in reply to their suggestions, observed, "Suppose I had a sudden attack of colic, would it not be very hard upon me and upon the chemist, that I should be prevented from taking a dose to relieve me at the first shop I should enter?" This hypothesis is said to have completely *posed* the deputation.

The noble lord, however, overlooked the essential difficulty of the case, which was to determine whether his complaint was colic or not. The patient and the chemist might, in this instance, as in many others, have taken for colic what was in reality strangulated hernia, or inflammation in one of its many forms. His lordship would then probably have thought the *mortifying* consequences of the blunder a greater hardship than the trouble of seeking out, in the first instance, the genuine medical man.

The hardship contemplated by Lord Althorp, as well as the possible *funeste* result, both arise not from the operation of a wholesomely restrictive law, but from the imperfection of the existing statutes, which permit an untaught, epicene class of functionaries to undertake duties for which they are totally unfit.

This hypothesis of Lord Althorp shows clearly that no degree of knowledge short of that which implies the power of diagnosticating serious from trifling diseases, and that is a high degree, affords any guarantee for the safety of the patient.

Nothing less than the complete exclusion from practice of all who do not possess this degree of skill, can insure the safety of the public health. Earwigged statesmen, and court physicians and surgeons, may deem it sufficient to *discourage* illicit practice, but such drivelling will never satisfy the profession, or the intelligent among the laity. Quackery and "drugging" are either innocent and beneficial occupations, or they are physical, financial, and moral evils. It is the business of the Legislature to decide the question. If these pursuits are laudable, let them be honoured by all means; but if they are criminal, ought they not to be prevented, and punished?

"Law," says Blackstone, "is a rule of civil conduct, commanding what is right and *prohibiting* what is wrong." These enlightened legislators and "heads" of the profession admit these practices to be wrong,—to be injurious to the lives, the morals, and the pockets of the people, and, lackaday! they would have a law to *discourage* them. Such gruel Dracos would speedily construct a system of jurisprudence too gentle to *discountenance* murder or arson!

The prohibition of all but medical men, or those who have undergone the required ordeal, from the sale of medicines and the composition of prescriptions, might be objected to on the score of its leading to the formation of an oppressive monopoly; but such an objection would have no solid foundation. The requisite degree of skill is attainable without any great outlay of money, and within the reach of all who have the means of establishing themselves as chemists. Consequently those wants of the public which are now ministered to by the chemists and by the medical profession, would, at a future period, be equally well and cheaply served by a sufficient number of tested and proved competitors.

The laxity of the Government in permitting an inefficient body to usurp the functions I have just described, has occasioned another and a most serious evil. Not only have those chemists and druggists "practising medicine by chance grown rich by the murder" of the people, but they have destroyed all faith in the genuineness of drugs and medicines by their flagitious frauds. This abominable system of fabricating and adulterating these important substances arises from the trafficking spirit of the class, whose ruling motive is not the acquirement of a professional reputation, but the love of gain. These iniquities have been fully exposed by Dr. R. D. Thomson in his evidence before Parliament.

To remedy such irregularities is the obvious and imperative duty of the Excise.

Nevertheless, this culprit class have, in common with all of us, certain well-defined rights, which must be respected even while we are devising means to prevent or punish their misdeeds. It is but natural in them to demur when called upon to surrender these rights, and yield themselves to the tender mercies of the "National Faculty of Medicine," whose members regard their dealings with such virtuous abhorrence. Not having the innocence of Daniel, they would fare badly in the lions' den.

This "National Faculty" is theoretically founded on the principle of representation. Its constituents are to be the legitimate members of the medical profession, and *no one besides*. Yet the projectors of this institution demand, with a very equivocal consistency, that the unrepresented chemists and druggists be subjected to regulations appointed by them. Such a proposal could not and ought not to be entertained for a moment.

The Pharmaceutical Society admit that its members and clients ought to be subjected to an efficient ordeal. But they propose to erect themselves into the tribunal by which this test shall be applied. The representative principle, however, would be as much violated in such an arrangement as by the claim of the "National Faculty of Medicine."

There are three parties whose interests are implicated in the ordeal to which the medical or chemical candidate would be subjected: the pre-existing graduate, the candidate, and the community in general. It is the interest of the actual members of the profession to make the examination strict; it is the interest of the candidate to make it lax; but it is the interest of society that it should be equitable and sufficient.

If the duty of devising and applying the test devolved upon a body representing, like the medical corporations and the Pharmaceutical Society, the existing members only, there would exist no security that the interests of the unrepresented candidate and of the community would be fairly considered. Unfortunately, the past history of these bodies afford but a poor guarantee for their honesty; and therefore it is to be presumed that the national, which is the only legitimate interest, will in this, as in other cases, be best cared for by the central government, the administrative representative of the constituent nation.

Should these chemists persist in their claim to be medical, they must submit to pass the same ordeal with other medical men; if they disclaim this character, they must abandon their pharmaceutical functions, and fall back amongst their kindred money-changers, the drysalters and oilmen. All their influence in Parliament, the fruit of their superior capital, will not suffice to win them better terms than those presented in this dilemma.

3. The third antagonist power which obstructs the progress of medical reform, is what I have named in my last letter the "secret sympathy" for the pursuits of quackery which is to be met with in all ranks of the laity. This feeling constantly breaks out into overt acts; its power is acknowledged by the cultivated intellect as well as by the ignoramus, and it levies its tribute equally amongst the lowly tenants of the hut and the haughty owners of the palace. Even members of the Legislature and wearers of the judicial ermine own its sway. We have seen the venerable and consistent patriot Burdett reclining amongst his sister duchesses, and sucking at the medicinal Chebouk of St. John Long; and it is well known that the fervour of the late Chief Baron Macdonald in the cause ascended to the altitude of a delirium tremens.

This sympathy for the irregular medical adventurer is the parent of a belief too prevalent in society, that the medical profession are a sordid exclusive caste, who seek by vexatious barriers and invidious distinctions to secure a monopoly of the healing art; and this persuasion pervading all ranks, reacts in gaining powerful support for the empiric.

The pecuniary value of this popular patronage is of much greater amount than has been imagined, and forms a financial evil of sufficient importance to claim the attention

of the statesman. The waste of capital which is thus occasioned is lamentable, and presents to our view the humiliating spectacle of resources dissipated in the maintenance of a crowd of worthless impostors, which might have been directed to some great or useful public purpose.

This popular delusion, or empirico-mania, originates in three causes: 1, an unacknowledged belief in the perpetuity of the miracles performed at the first establishment of the Christian church; 2, the natural superstition of mankind; and, 3, in the misconduct of former professors of the healing art, and especially of the medical corporations.

When the Divine Founder of Christianity visited the earth for the purpose of completing his system for the regeneration of fallen spirits, there was an admirable propriety in the miracles which he performed. His purpose was not, by a sweeping fiat, to fill his fold with classes, but his mission was directed to the individual idiosyncrasy of each soul, and adapted to impress it with the desire and power to work out its own salvation. To remove mountains and dry up seas, were sublime efforts undoubtedly of divine power, but not more miraculous, though infinitely less touching, interpositions of Providence, than those acts of benevolence performed upon the poor helpless and despised outcasts of society. There was a beautiful analogy, moreover, between those renovations of the vis medicatrix naturæ exhibited in the miraculous healing of the sick by our Lord and his disciples; and the moral scheme which he devised for the purpose of eradicating, through the spontaneous though supported self-reformation of the soul, those "damned spots" that stain the conscience.

These interruptions of the course of nature, so well adapted to illustrate at once the illimitable power and the microscopic benevolence of the Deity, were designed for a special purpose. That purpose is now accomplished—the age of miracles is past; and none but crazy enthusiasts, or designing knaves, avowedly entertain any expectation of their speedy reappearance. There lurks, however, in the minds of many, though perhaps unsuspected, a disposition to receive as authentic every appearance of the marvellous in medicine.

There is much in the economy of physical life which is at present unaccountable, even to the most skilful professors of medicine. For this there is no other remedy than patience, and the careful and assiduous use of that invaluable weapon of discovery bequeathed to us by Bacon—the "Novum Organum." But with multitudes of people, that which is unaccountable is deemed supernatural; and any adventurer with sufficient cunning and laxity of principle, to undertake the accomplishment of what the conscientious practitioner has declared to be impossible, will find flocks of gulls eager to take his bait. There ever will be hosts of such simpletons, for education can never supply the want of natural sense. But it is the duty of the discerning portion of society in this as in other instances, to protect the simple against the designs of the crafty.

The third source of prejudice against the genuine therapeutist, and of favour towards the quack, has arisen from the misconduct of professional men in past days, and from the monopolising manœuvres of the corporations. It appears to have been a settled purpose with the majority of medical writers, to enclose the little knowledge they really possessed of disease and remedy in an impenetrable fortress of phraseology; like a magnificent Egyptian temple, dedicated to the accommodation of a monkey, their learning was but a laborious fabric, formed to hide the insignificance of their knowledge. Down to a very recent date, there existed among medical teachers an affectation of mystery; and we find even the accomplished and philosophical Dr. Young thus expressing himself—"It appears that physic is one of those departments, in which there is frequent necessity for the exercise of an *incommunicable* faculty of judgment, and a sagacity which may be called *transcendental*, as extending *beyond the simple combination* of all that can be taught by precept."

When we contemplate the natural effect of such studied obscurity as is exhibited in this passage, and throughout the entire works of many medical men, and consider the ingenious and unscrupulous devices adopted, time out of mind, by the medical corporations, to restrict the practice of the healing art to a few families, we cannot wonder the public should begin to suspect the existence of fraud, and consequently to resent it by the patronage of quackery.

We find an index to the feeling of the public, in the existence, in one of the leading thoroughfares of London, of an establishment, entitled the "Medical *Dissenter* Office." The knot of plotters who conduct this adventure are beneath contempt; but the fact of their thriving, is a proof that their impostures tell upon a portion of the public. The causes which I have enumerated have evidently produced an impression on many, that the principles of medicine are like "articles of faith,"—summary and authoritative expositions of a complete, perfect, and *final* revelation. This is a very inveterate, because a very subtle, misapprehension: the principles of medicine are as far removed from articles of religious belief, "as from the centre thrice to the utmost pole." They are merely temporary landmarks, destined to indicate the expanding limits of a constantly progressing and improving science. There is nothing immutable in medicine; there is no mystery in it, and it respects no authority, except that of reason. It is an inexhaustible mine, in which any one may handle his in-

ventive pickaxe, and appropriate the fruits of his labour.

Having considered the three forces which obstruct the progress of those changes in the law, which are indispensable to the full exercise of the national intellect in the field of medicine, I must draw my tedious communication to a close.

The two modes to be adopted in acting upon Parliament are, as I have stated already, to enlighten its judgment and to stimulate its volition. The reasonings into which I have entered, are intended to contribute their mite of assistance to the former purpose; I must now say a few words upon the best mode of fulfilling the second.

A most effective means of producing an impression upon Parliament, would be to conciliate the co-operation of the educated and intelligent among the laity. Let every medical man unfold his professional griefs to his well-informed patients, and quietly explain the injuries ultimately inflicted upon society, by the tyrannous restrictions of the monopolists on the one hand, and by the unchecked licentiousness of empirics on the other. A clear and dispassionate statement of the truth cannot fail to produce conviction upon the minds of persons who by familiar intercourse, and a sense of benefits conferred, are already predisposed to receive all communications in a friendly spirit.

Each practitioner having made up his list, should coalesce with his brethren in the district, and thus contribute to form a mixed association of educated and clever men who might be termed the "friends of health," or any other preferable appellation. The association might meet periodically; and such members, whether laical or medical, as possess the accomplishment of public speaking, might conduct the business transacted at each meeting. These associations, thus dispersed over the surface of the three kingdoms, and capable as they would be of speedy agglomeration, would constitute an organ of sufficient potency, in its collective form, to insure the attention of any government, and of sufficient pliancy and ubiquity in its distributive capacity to recommend, by its unsuspected good offices, our reasonable and righteous cause to the good-will and support of the population. I am, Sir, your obedient servant,

D. O. Edwards.

Cheyne-walk, Chelsea,
Aug. 16, 1842.

Medical Reform in America.—A number of the physicians of Kentucky recently met at Frankfort in that state, to discuss the important subject of a reform in the mode of conferring medical degrees.—*Philadelphia Medical Examiner.*

REMARKS ON THE ANATOMY AND PHYSIOLOGY OF THE SPLEEN, THE PORTAL AND GENERAL CIRCULATION.

By Francis Eagle, Surgeon,
Kingsland-road.

Whatever the product of the spleen, that product must be conveyed either by the veins or by the absorbent lymphatics.

That it is not conveyed by the absorbent lymphatics seems a fair inference, since there is nothing peculiar in these vessels in the spleen as compared with the same vessels in other organs; and wherever there are peculiar effects, it is according with good sense to look for peculiar causes. Now do we find peculiar vascular organisation in the spleen? Certainly. We find that the spleen is an extremely vascular and nervous organ, supplied with an unusual quantity of blood, and yet without any excretory or secretory duct, as the pancreas, liver, kidneys, &c. Its structure, circulation and function are all peculiar. Professor Grant and others are of opinion, that it forms part of the lymphatic system; but on a comparison of the lymphatic system of the spleen with the arterial system of the same organ, we find no peculiarity in the former to warrant the opinion that there is any function performed by the lymphatics of the spleen, which is not also supplied by the lymphatics of other organs; in other words, there is no peculiar organisation to lead to the inference of a peculiar function: while connected with the red-blood circulation of the spleen, every physical sign is peculiar. The conclusion then seems rational, that whatever the product of the spleen, that product is conveyed by the veins (so called).

What is the Nature of the Product of the Spleen?

While examining the contents of the splenic veins of an ox, the *idea* occurred to me, whether the function of the spleen might not be to secrete the colouring matter of the blood. The product of the spleen is of a brighter red colour than venous blood; it is not at all, or very slightly, coagulable on exposure to atmospheric air, neither is it reddened by neutral salts.

Let any man take the spleen of an ox, open the large vein in its whole length, notice the peculiarities, then compare it with any vein in the body, and decide if it resembles a vein in any one particular. No, it is not a vein; I submit that the common sense of anatomists and physiologists is here bad sense, very bad sense: not only the senses, but the sense or reason are both at fault. A palpable example of the "mira indiligentia hominum" of Lord Bacon: for it is not a

vein, nor does it contain venous blood, but it is a sinus for the receipt of the product of the spleen. This is the first proposition. The second proposition is, that the product of the spleen is the colouring matter of the blood in its primitive condition: a product, *sui generis*, as the bile is proper to the liver, &c. It is not identical in nature with any other blood or product of the body, but seems almost a simple red pigment.

Thinking to put this opinion to the test, I excised the spleen of a healthy rabbit, three months old. On the following day the animal ate well, and offered no remarkable deviation from health, except that the capillary vessels of the ear, and most probably of the body generally, were remarkably pale, and nearly red-blood-less. In a week the animal seemed well, and the cutaneous circulation had become natural, except a bluish or venous tinge, where before the operation it was arterial or florid. Thus far the operation seemed indecisive.

One month after, I excised a portion of the ear of this rabbit, and a portion of the ear of a healthy rabbit: the blood as it flowed seemed more watery in the former. Forty minutes after, the blood of the healthy rabbit had coagulated firmly; the blood of the operated animal less firmly, and exhaled considerable serum. The rabbits were then kept separately on the same food, and their respective *egesta* compared; at first it appeared that the food of the operated animal had undergone less perfect digestion, but on further observation this difference was not constant. I now compared the pulse, which was 144 in both; but although the number was the same, the difference in strength was great, being strong in the healthy rabbit, weak and fluttering in the operated animal.

Six weeks and a day or two after excision of the spleen, I observed the rabbit refuse its food, and seemed ill: up to this period it had *appeared* well, lively and hearty. Anxious to notice what, if any, changes followed the absence of the spleen, I destroyed it by a blow at the back of the head.

General Appearances.—Body not so much wasted; as pale and deficient in red colouring matter, or red blood, the muscles being scarcely tinged. Heart, enlargement of the right auricle. Lungs, more pale and colourless than I ever witnessed in any animal, biped or quadruped, diseased or healthy. Liver, abnormally pale, *but not tuberculated.** Gall-bladder, normal in size, but filled with a thin watery bile. Stomach filled with food undigested. Porta nearly empty. Pancreas enlarged. Intestines—cæcum enormously enlarged, measuring four inches in circumference. Vena cava, blood liquid.

No single fact could possibly be more strongly corroborative of the opinion, that the spleen secretes the colouring matter of the blood. Hewson imagined that the spleen concurred with the thymus and lymphatic glands in forming the red globules of blood; and more recently, MM. Tiedemann and Gmelin have declared that to the product of the spleen the blood owes much of the property of coagulation. There is thus but little difference between these able physiologists; for admitting that the function of the spleen is to increase the coagulability of the blood, it effects this by affording in colouring matter the grand medium, *if not cause*, of the hepatic and pulmonary changes.

The day after the death of this rabbit, another was seized with perfectly identical symptoms; this I also killed, and the thought at once suggested itself, as there was identity of symptoms, so also there might be identity of morbid appearances, which if it were the fact, then I had erroneously attributed to excision of the spleen, effects which were the result of another disease. But after a careful comparison of the morbid appearances in both cases, the peculiar exsanguine condition of the operated animal, warranted the opinion that such exsanguine condition was a specific result of excision of the spleen, although I believe that the animal would have died not from excision of the spleen, but from "pot-bellied" disease. I should add, that in the second animal the gall-bladder was entirely empty and colourless, and in structure seemed to resemble a stomach. The same night another cachectic rabbit (a doe) died. Three days before this on going to feed them, I observed four queer-looking identical fleshy substances, of the size and shape of a small walnut, surrounded by a pool of blood; these were evidently monstrous conceptions. As observed above, this animal died three days after her accouchement, and offered a most interesting post-mortem, as follows:—

General Appearances.—Body thin, but not unhealthy. Heart, nothing remarkable, except, perhaps, being rigidly contracted. Lungs injected, and here and there venous spots. Liver injected (highly). Gall-bladder contracted in size, but containing healthy bile. Stomach contained some undigested food. Porta enormously distended, blood fluid, which being removed, dried like splenic blood. Vena cava, inferior, enormously distended also, and apparently constricted by the superior mesenteric artery, above the crossing of which was found in the cava a portion of coagulated lymph, measuring two inches and a half in length, and weighing twenty-one grains. Spleen and pancreas healthy. Bladder six times its natural size, and containing three ounces and a half of urine. Uterus partly contracted. Cæcum and colon both enlarged.

The enormously distended bladder was, doubtless, the cause of the non-contraction

* Tubercles have as yet been discovered in no animal without a spleen.

of the uterus, and is a *very common* cause of lingering labour in the human subject.

There is an interesting paper in THE LANCET for Feb. 7, 1835, by Dr. O'Shaughnessy, on the discovery of a new principle in the blood, first observed while attending patients with disease of the spleen, but subsequently found of universal occurrence in health and disease in the Indian and European, and in all conditions of ages and sex; as also in the cow, horse, sheep, dog, fox. As this principle, not only in colour but also in its chemical properties, intimately resembles the colouring matter of the blood (rubrine), Dr. S. proposes to call it subrubrine. It varies in amount from fifteen to twenty grains per one thousand; thus exceeding considerably the amount of fibrine.

Might not the nature of the above disease have been an inordinate secretion or overflow of the product of the spleen, as we find under other circumstances an inordinate secretion or overflow of the product of the liver, the bile?

"We are all aware," says Dr. Clanny, "that in animals with red blood the principal effect of the mutual reaction between atmospherical air and blood falls upon the colouring matter. The serum, without the presence of colouring matter, converts equally well a portion of oxygen gas into carbonic acid gas, but this quantity is very insignificant compared with that which disappears when serum is mixed with colouring matter, the brown colour of which passes to vermilion red."

It thus appears that the vital changes of the blood can take place in the human subject as in the lower orders of animals, comparatively independent of the red blood. The fact that animals have lived for weeks and months after excision of the spleen, thus seems perfectly reconcilable with the view that the product of the spleen is the colouring matter of the blood.

The Nature and Origin of the Portal Blood.

The portal vein is formed principally by the junction of the splenic and mesenteric veins, its blood is thus described by P. Schultz, LANCET, March 5, 1836:—

"The blood of the vena portæ is in general more dark than venous blood, though this difference is not always distinguishable. It is not reddened by solutions of neutral salts, nor by the contact of atmospherical air, nor by the action of oxygen gas.

"The portal blood does not coagulate, or if it does so at any time it forms cakes, of which the texture is less firm than that of the blood of other veins. When the portal blood forms these cakes it liquifies, either wholly or partially, in about twenty-four hours, and gives in a similar manner to the portal blood, which does not coagulate, a black sediment, over which we find a volume of serum.

"The natures of the portal and splenic blood offer nearly identical properties, while the mesenteric blood differs from both, and all three differ from general venous blood. It therefore becomes interesting to inquire, first, the nature of the mesenteric venous blood during digestion; and, secondly, whether these veins do not convey into the portæ a portion of the chyle, in its passage from the surface of the intestine to the thoracic duct, that fluid undergoing considerable change in its course through the abdominal lymphatic system." But to what is this change attributable? Is it (as I have supposed) to absorption of a part of the contents of the lymphatics by the veins? or is it to foreign additions, principally arising from the sanguineous system?*

The communication of the lacteals with the veins in the mesenteric glands is so free, that in some quadrupeds, as the seal, the whole of the injection thrown into the branches of the lacteals has been seen to pass into the mesenteric glands, and thence into the mesenteric veins and vena porta, while no lacteals appeared to convey any part of it from the mesenteric glands into the thoracic duct.

Is the nutrient circulation in the seal, a type of the circulation in the vertebrata generally?

In apparent opposition to this view is the celebrated experiment of Hunter, who, in order to show that the lymphatics absorb, while the veins do not, opened the abdomen of a dog, emptied a portion of the intestine, and injected into it some warm milk, which he retained by two ligatures. He now emptied the veins belonging to the intestine, by pricking the parietes, and tying the corresponding arteries. The parts were returned into the abdomen, and after half an hour he found the veins quite empty, while the lymphatics were gorged with fluid. But Magendie and Flandrin have repeated this experiment without ever perceiving any trace of milk in the lymphatics.

Against the opinion advanced in this paper, Mr. Hunter's experiment is in no degree conclusive, for the change which the chyle undergoes in the conglobate glands is, doubtless, owing to the action of the arteries, which action being suspended in the glands by the tying of the arteries, no wonder that the lacteals were gorged while the veins were empty; as well might we tie the renal artery, and wonder there was no secretion of urine.

The fact of death occurring in thirty-six hours after tying the vena portæ, while excision of the spleen can be performed with comparative impunity, seems further to strengthen the above view of the nutrient circulation.

Experiment.—A rabbit was fed at eight o'clock and killed at eleven. On opening the cavity of the abdomen I was struck with

* LANCET, June 10, 1837.

the unusual fulness of the mesenteric veins; and on further notice I was of opinion that the colour was also peculiar, a dark or deep *couleur de rose*. On comparing this blood with the blood of another animal which had not been fed for six hours, the difference in colour was still more striking.

The Use of the Portal Blood.

That the portal blood principally forms the biliary secretion, seems fairly deducible from the following experiments, although cases are on record where the portal vein terminated directly in the inferior cava; such cases are, however, very few, and very unsatisfactory.

The recent experiments of M. Simon upon pigeons have shown that when the hepatic artery is tied the secretion of bile continues; but that if the veins of the porta and of the hepatic canals be tied, no trace of bile is subsequently found in the liver. Several pigeons survived the latter operation thirty-six hours. (Mayo's Physiology.)

I have not thought it necessary to repeat these experiments, but take them as *facts*.

Office of the Liver.

From what has been observed on the nature and use of the portal blood, it would appear that the function of the liver is twofold, viz., that besides the function of secreting bile, the liver prepares for aeration in the lungs the portal blood, which, if it be found a fact, may assist us in explaining the nature of that congestion which is constantly present in phthisis pulmonalis; and although pointedly discussed by Andral, Louis, Dr. A. T. Thomson, and Sir J. Clark, it is still undecided whether such pulmonary congestion be a cause or a consequence of tubercular disease: the former opinion, however, seems best supported.

In a review of "Clark on Phthisis," Lancet, Jan. 10, 1835, it is observed, with reference to the doctrine of Stahl, adopted by Dr. Clark, and pithily expressed in the pun "vena porta, porta malorum," that Dr. Clark should publish all the facts, which prove the existence of abdominal congestion of more than the due proportion of blood in the large or small vessels of the vena porta, and describe the manner of distinguishing whether this is the consequence or the cause of a general morbid modification of the fluids and organs of the body. If the blood in the vena portæ can be measured, it will not be difficult to ascertain whether variations in its quantity produce tubercles; but if congestion be found only in the capillary vessels, or if altered secretions be taken as a proof of this reasoning from analogy, and from what we see in scrofulous ophthalmia and glandular swellings, ought we to conclude that these congestions produce what Dr. Clark has termed "tuberculous cachexia," or that they are the first passage of this state into actual disease?

On this head the following facts are interesting, as showing that liver tubercular consumption, healthy-coloured fæces, or excrement, and absence of healthy bile, may coexist in the rabbit. I purchased six cachectic rabbits, and destroyed the first.

Observation 1.—Tubercles were found in the liver, some crude, some softened; coincident with these was an absence of normal bile in the gall-bladder, that organ containing a small portion of fluid, of a straw-colour, and almost tasteless. The lungs were healthy: there was no cough.

Observation 2.—This rabbit offered precisely the same morbid appearances as the preceding, excepting that the gall-bladder was so diminished in size, as to be incapable of holding more than a drop of fluid, straw-coloured.

Observation 3.—On opening the cavity of the abdomen of the third a small hydatid escaped; isolated tubercles were also observed on the convex side of the liver; other hydatids were found in the cavity of the abdomen. The gall-bladder contained three drops of straw-coloured fluid.

Observation 4.—On opening the body of another that *died* of marasmus, commonly called "pot-bellied" disease, tubercles were found in the liver, which also appeared injected with a purple-greenish hue, as if of portal blood, or bile imperfectly formed. The gall-bladder contained a straw-coloured fluid: the cæcum was enormously enlarged.

I have examined more than twenty rabbits, the subjects of liver tubercular consumption, and in no one case was there a healthy secretion of bile: whether the disease arose from disordered portal blood, from absence of bile, or from imperfect preparation of the hepato-venous blood, which being so prepared, or rather unprepared, for its pulmonary aeration, I profess not to decide, but merely notice the important inference from these facts, that bilious-coloured fæces, or egesta, are not decisive proof of a healthy condition of the liver. Whether in splenic and pulmonary phthisis the same condition of bile obtains, is a subject for inquiry.

The foregoing is the "pith" of an experimental inquiry on the anatomy and physiology of the spleen, the portal and general circulation; whence I am inclined to believe that the chyle is taken up by the lacteals, becomes globular and albuminous in the intestinal conglobate glands, milky pale, red, or deep *couleur de rose*, in the mesenteric veins during digestion; joining the splenic product becomes dark red in the porta, to prepare the bile in the liver, where it is also rendered susceptible of aeration, emptied by the hepatic veins into the cava, to be mixed with the lymph in the right auricle,

thus becoming fibrinous;* aerated in the lungs, to form finally arterial blood; exaerated and deprived of its superabundant lymph in the cutaneous capillaries, to become again venous, fitted to receive the hepato-portal red blood, chyle, and lymph in the right auricle; and thus hæmatosis is not one process alone, but a series of processes; it is not in the lacteals alone; or in the abdominal lymphatic glands alone; or in the mesenteric veins alone; or in the spleen alone; or in the porta alone; or in the liver alone (the brilliant idea of Galen); or even in the lungs, that this vital fluid is prepared; but the formation of blood embraces a series of processes from the stomach to the lacteals, from the lacteals to the lungs.

At an early opportunity I will show the remarkable effects of excision of the spleen on tubercular liver consumption in rabbits; and as the subject is interesting, perhaps some of the readers of THE LANCET may also try the experiment either in lung or liver tubercular consumption in other animals: for in the present state of our ignorance, men pursuing the same subject of inquiry arrive at conclusions as opposite as Mr. Jackson (LANCET, July 2) and myself on the "Anatomy and Physiology of the Spleen."

* Fibrine is most probably the product of what is called the lymphatic absorbent system.

FATAL DISEASE.

ABSENCE OF ABNORMAL POST-MORTEM APPEARANCES.

To the Editor of THE LANCET.

SIR,—I shall be glad if you can find a corner for the insertion of this case, and am, Sir, your obedient servant,

JAMES HONEYWOOD, M.R.C.S.L.

Queen-street, Cheapside,
August 22, 1842.

J. B., aged 45, residing in the neighbourhood of Blackfriars, a stout, short, square-built, plethoric man, of an unusually-developed muscular frame, was seized with a pain in his side, which continuing to increase in acuteness, I was requested by his wife to visit him on the afternoon of the 25th of January last. I found him sitting upright in his bed, and his pain confined to the left mammary region; it was of an acute lancinating character. His countenance was anxious and pallid, with an inclination to lividity; his respiration exceedingly hurried and embarrassed; his pulse was beating 110 beats in the minute, but intermitting in force and frequency; his tongue loaded; his bowels torpid. Upon applying the stethoscope, I found all the ordinary characteristics of pericardial inflammation, viz., a rolling, tumbling, tumultuous struggling action of the heart, with a very loud bellows-murmur; also a frottement, with increased dulness on percussion. I bled him to twenty ounces, and prescribed eight grains of calomel with ten grains of rhubarb. Saw him again in three hours, found the pain but triflingly relieved, but the bowels freely unloaded. Recommended a dozen leeches to be applied to the left cardiac region, and also prescribed the following medicines:—

℞ *Chloride of mercury*, gr. iij;
Opium powder, gr. ¼;
Ant. tartrate of potash, gr. ½. M.

To be taken every three hours.

Saw him again on the following morning, and found him relieved considerably, but the heart still acting very vehemently. Recommended a continuance in the above medicines, and established vigorous counter-irritation by means of strong antimony ointment over the region of the heart. Saw him again in the evening; still advised further perseverance with the remedies, which treatment was adopted until the morning of the 28th, when there was a very marked abatement in all his symptoms, and he became slightly ptyalised; the heart acted more regularly and less violently; the respiration became more easy; pulse 90; skin moist and perspiring; countenance cheerful. Recommended him to take two grains of chloride of mercury with half a grain of powdered opium every night, which he continued for three weeks, keeping him still slightly under the influence of the mercury; also recommended him to take the following draught during the day:—

℞ *Tincture of digitalis;*
Antimony wine;
Tartrate of potash, aa, m. xv;
Cinnamon-water, ℥j. M.

Three times a-day.

The bruit in the course of a few weeks declined nearly *in toto*, and I saw nothing further of him until a month ago, when he was seized with enteritis, from which he sank through collapse. Upon a scrutinising examination *post-mortem*, not the slightest vestige of inflammation existed indicative of alteration in any structures of the heart or pericardium.

A CURIOUS CASE.

I WAS requested to see the following case with a medical friend, and wrote down the particulars for him at the time, partly from the information he furnished and partly from our joint observation.

I may now venture to publish them, without exposing the lady to the shame or punishment which she perhaps deserves.

Mrs. ——, a good-looking woman, called on me at eight o'clock on Saturday morning, Feb. 8; she informed me that she had

had a large discharge from the vulva, containing many clots of blood, and said that it was very like a miscarriage—the pains were like labour-pains. I asked her whether she had any reason to suppose that it *was* a miscarriage? to which she replied, "No; I am not married." I directed her to go home and to lie down, and gave her a draught containing twenty-five drops of tincture of opium, with aromatic confection and cinnamon-water.

I was sent for at three o'clock, p.m., when she complained that the pains continued, and that the urine passed involuntarily. I examined the parts, and found a tumour in the vagina. Upon telling her that there was something more than should be, she confessed that she had had connexion with a young man three weeks previously, and dreading the consequences had introduced a piece of bone to produce abortion. The bleeding still continuing, I gave her an injection of sulphate of zinc and tincture of opium. The hæmorrhage continued, and at five o'clock I again saw the patient. The female syringe introduced into the vagina was not stained with blood. I then requested permission to inspect the parts, in order to ascertain whence the hæmorrhage proceeded. Blood and water issued from the urethra.

Second day. I requested Mr. —— to accompany me at nine o'clock to the patient's house. The pains came on about every five or ten minutes. The uterus was nearly of the natural size; the os uteri was not dilated in the slightest degree. The tumour was evidently produced by distention of the bladder. A catheter, introduced without any difficulty, brought away coagulated blood; a little urine escaped by the sides. The patient remarked, "That is the passage up which I pushed the bone." The bladder and uterus were forced down during the pains; and at the same time urine, mixed with blood, escaped.

We ascertained the following particulars on the spot:—She had been married, and had had one boy, now living. Had been a widow eight years, and declared that she had had no connexion since her husband's death until Sunday, the 19th of January, and a second time on Friday, 24th of January. She began menstruating on the same day (24th), and menstruated regularly. Upon Friday, February 7th, at about nine o'clock, p.m., she introduced a bone netting-mesh, about half an inch broad. The edges of theinstrument, which we saw, were keen. It produced pain at the time, and blood escaped. At ten o'clock pains like labour-pains came on, and continued all the night of the 7th. She passed a potful of water and blood, containing several clots. Ordered ten grains of Dover's powder, and two of calomel.

Third day. Has passed a sleepless night. The involuntary discharge from the bladder still continues. The pains have ceased; her bowels have not acted since the 7th. She was ordered a mixture with castor-oil, and the bowels acted freely.

Fourth day. The patient is less anxious, and has passed a quiet night. The discharge of urine is less frequent, but it is deeply tinged with blood; the tongue is brown and furred: the pulse feeble. She was ordered two grains of calomel and a saline aperient three times a-day. The bladder remained distended. When the catheter was introduced, urine mixed with blood escaped.

Fifth day. She had a good night, and is much less anxious; the pulse is soft and tranquil; the bowels open; the urine continues bloody.

Sixth day, seven o'clock, p.m. In the morning she passed nearly a teacupful of coagulated blood by the urethra; the clots of blood were dark and tender. The urine is now free from colour, and is no longer passed involuntarily. The bladder was found upon examination to be of the ordinary size.

Seventh day. The patient is well; her chief anxiety is about the other matter which tempted her to the commission of the injury on her person. She has since menstruated.

I invite Dr. Marshall Hall's attention to the excito-motor phenomena developed by the blood in the bladder.

F.

*** This case has been duly authenticated. —Ed. L.

THE CHOLERA.

To the Editor of The Lancet.

Sir,—The study of the subject of cramp in cholera may prove of much practical importance; for on the one hand it may tend to diminish the alarm which this distressing symptom occasions to the practitioner, and on the other it may prevent resort to such measures for its relief as are directly calculated to interfere with the recovery of the patient. May I, therefore, request that you will give insertion to a few lines on the subject, which it is hoped will afford some explanation of it.

Cramps in cholera generally occur when the system has been suddenly deprived of a large quantity of fluid, and in all cases they will be found associated with a very feeble condition of the circulation. When we use venesection as a remedy, we always bear in mind the powerful effect on the stream of blood which the pressure of the muscles on the veins has in driving the blood towards the heart, and, to take advantage of this circumstance, we direct the patient to press some object with his fingers; and I question whether the most diligent and

successful inquirer in therapeutics can by any means whatever produce so powerful an impulse on the stream of blood.

During the epidemic of 1832, machines of considerable bulk, and of various degrees of ingenuity, were invented for the restoration of the circulation and of animal heat, none of which, however, acquired any reputation for success; but in the agonising cramps of cholera I recognise the most powerful machinery for the re-establishment of the circulation. The ordinary pressure of the muscles is in vain exerted to squeeze out of even an open vein the tar-like blood in the collapsed state of this disease; but, if any mechanical power can assist in overcoming venous congestion, it is those vice-like cramps. It is part of the history of cholera that among the most severe epidemics recorded in India, where cramps were absent, the disease was most fatal; while in epidemics most strongly marked by this symptom, recoveries were more frequent. If nature's mode of remedying disease were more carefully studied and better understood, a more harmless class of remedies would often be substituted, while less credulity would exist in the imaginary remedies of the homœopathist.

I cannot conclude the subject without remarking, that if in cholera we witness a disease of a rapidly fatal tendency, in no other disease do we observe such rapid recovery by the unassisted efforts of nature. Besides cramps, the other principal efforts consist in the absorption of water into the blood-vessels, the extreme thirst of the patient inducing him to take this fluid plentifully, and in vomiting, which perhaps most of all assists in restoring the circulation.

In cases of severe collapse if the diarrhœa have ceased for a period of three hours, and thirst and vomiting continue, the prognosis may generally be favourable: in mild cases a few hours are sufficient to restore the circulation, but in the more severe this symptom sometimes continues for three days. I am, Sir, your obedient servant,

JOHN GEO. FRENCH.

St. James's Infirmary,
Aug. 30, 1842.

THE POTATO IN SEA-SCURVY.

To the Editor of THE LANCET.

SIR,—I find that the practice of giving lime-juice to our seamen in the navy is still adopted, as a preventive, to sea-scurvy, on account of its antiseptic properties. I do not recollect ever having seen the common potato recommended as an antiscorbutic (*observing strict regard to cleanliness and ventilation*) in any medical journal; I will, therefore, briefly give you my experience of its efficacy.

On leaving England, in January, 1823, I found on inquiry that the ship was not, as usual, supplied with lime-juice, but bountifully with potatos; and great care was taken, as the stock decreased, to keep some for what the sailors aptly termed "scurvy-grass," which consisted of potatos, peeled and sliced like cucumbers, with the addition of a little vinegar, to make them more palatable. The crew were supplied with a quantity of scurvy-grass every morning, before breakfast, averaging from two to three potatos each man: this was partaken of eagerly by the old and experienced seamen, and shortly by the others from their recommendation and example.

In order to show how highly raw potatos were esteemed as an antiscorbutic, I may mention a fact of which I was an eye-witness. On our arrival at Valdivia, on the coast of Chili, one of our men was observed by a female to take a potato from a heap, and very unceremoniously and eagerly eat it. She called his attention to a quantity of apples, and tendered some to him; but although he accepted the apples, he assured her that he had not made a mistake. We remained at sea, on various cruises, during periods of from six to nine months each. On one occasion we were exposed to all the consequences arising from damp and moisture for six months, having been cruising near the equator in the wet season, and I believe that during that period we never passed a day without rain; at the same time, we were living on salt provisions, with a very scanty allowance of "scurvy-grass." We returned to England after an absence of two years and ten months, never having had scurvy among the ship's company,* and had the satisfaction of seeing every individual that embarked with us return to his native land.

A second voyage, of nearly equal duration, was attended with similar results.

As a substitute for potatos, pumpkins, plantains, the recent juice of limes, &c. &c. were given; but of all others the raw potato is decidedly the best antiscorbutic. I may add, that in one instance we presented a peck of potatos to a ship's crew consisting of about forty persons, many of them having incipient scurvy. They were relieved, and enabled to prolong their cruise at sea. "Dulcis sæpe ex Asperis."

If the above facts are (in your estimation) worth recording, I shall feel obliged by their insertion in your valuable Journal, and am, Sir, your obedient servant,

WILLIAM DALTON, M.R.C.S.

Rodney-terrace, Cheltenham,
Aug. 25, 1842.

* Excepting slightly in one instance following severe injury to the feet, produced by a fall from aloft; and on that occasion we had been nine months at sea, on our arrival at New Zealand in 1825.

THE LANCET.

London, Saturday, September 3, 1842.

THE announcement that the quacks of the country were in future *only* to be "*discouraged*,"—in other words, to be let alone,—and that chemists and druggists and all unqualified persons were to be let loose from the restraints of the present laws of England, by the Bill which the College of Physicians and the Twenty-one surgeons in Lincoln's-Inn-fields suggested to the Government, was sufficiently startling. It showed how deeply those corporations had the interests of the public and of their members at heart. How exceedingly liberal was the writer in the "Quarterly Review!" What, a radical-liberal, political economist, and free trader, to borrow toleration for quackery from Mr. WARBURTON? The *rich* would be sure to call in Sir BENJAMIN BRODIE and Dr. CHAMBERS. *They* were safe; and what reason on earth could there be, in these days, when people live too long, and the population is so burdensome to the land, to protect *the poor* from the hands of men ignorant of disease, but having at their command all the mineral and vegetable poisons in nature, which are *remedies* only when judiciously and skilfully administered? The bone-setter does not cross a serjeant-surgeon's path; and if *he* lame a labourer for life, or intercept a few guineas that might otherwise find their way into the pocket of an obscure, hardworking village surgeon, what matter? "*We* are safe," say the colleges. *The rich* are safe. The Twenty-one have their "withers unwrung," and so philosophise, outvying all the world inliberality.

We shall shortly show that the suppression of unqualified practitioners in medicine is not only in conformity with the general doctrines of political economy, but has been explicitly sanctioned by the leading political economists of the day, and hope to hear no more of the humbug about free trade in people's lives. Still we should be sorry to deprive the newly-developed free-trade faculties of one object, without previously pointing out others upon which they might be legitimately exercised. Instead of giving quacks, druggists, and unqualified persons liberty to supplant the general practitioner in the name of free trade, let them give a little freedom to the education of well-qualified practitioners, respecting the utility of which all political writers are agreed. They throw obstacles in the way of medical education; they make education dear, or, rather, put that money in their pockets which should be expended on education, and then propose to permit unqualified persons to poison the public. The following is one of many instances that have come to our knowledge, of the abuses of monopoly which the "Quarterly" Reviewer certainly did not omit, because he was ignorant of the existence of others equally glaring. A pupil of a leading surgeon in a provincial town wrote to Mr. BELFOUR, saying that he had been a dresser at a county infirmary, which contained more than a hundred beds, for *three years;* and had attended the Hôtel Dieu afterwards, and the clinical lectures of DUPUYTREN for *two years*, as well as LISFRANC's courses of operations, and had subsequently filled the office of house-surgeon, and requesting that functionary to submit these facts to the Council of the College of Surgeons in London, and inquire whether they would consider the three years' practice of surgery as a dresser, the two years' attendance at the Hôtel Dieu, and DUPUYTREN's lectures, and the operations performed under the direction of LISFRANC, to boot, equivalent to twelve months' attendance at any *London* hospital? The polite answer of the *Twenty-one* was a direct "NO." They would have accepted a certificate from the officers of the Westminster Hospital, which then contained less than a hundred medical and surgical patients; and that certificate could have been obtained without applying a splint, rolling a leg, or opening a vein, by paying *twenty guineas* to three of the Twenty-one, viz., ANTHONY WHITE, ANTHONY CARLISLE, and GEORGE JAMES GUTHRIE, who were on the

Council of the College of Surgeons, and drew up the by-laws! The monopolists refused to examine a student who had not paid some of them *twenty guineas* at the hospitals; or *forty guineas* if he wished to be entitled to all the "privileges of the hospital," although he had had, and was prepared to prove in their own way that he had had, the best possible opportunities for acquiring a knowledge of the practice and theory of surgery.

If this student had paid *twenty guineas* to the surgeons of the Westminster Hospital, where he could see few patients,—or *forty guineas*, which would have pleased them twice as well,—instead of expending his time and money as a dresser in a county hospital, and as an auditor of the lectures of the first surgeon in Europe, he would have been *admitted to an examination* in Lincoln's-Inn-fields. And mark well whom he would have met there as *examiners*—the *three identical surgeons* of the Westminster Hospital to whom he had paid *twenty guineas*,—all ready, of course, to confer a diploma on their own pupil for another *twenty guineas!* And that diploma alone would have entitled him to become a surgeon to an hospital, an army, or a prison!

Here, assuredly, was a fine field for the spirit of free trade. Mr. GUTHRIE charged but six guineas for perpetual attendance upon his surgical lectures, because, although certificates of attendance were compulsory, he had to compete to a certain extent with private teachers; but he, as one of the College Court of Examiners, first made certificates of hospital attendance indispensable, and then charged forty guineas for them, for which he gave nothing whatever in return in the shape of clinical lectures; and if he had given clinical lectures they could not have been worth more than six guineas, at his own valuation, when the competition with private schools was only partial.

If it had been proposed to annihilate these iniquitous monopolies, and Sir ROBERT PEEL had been asked to allow the medical student to purchase the best instruction he could procure in the cheapest markets, it would assuredly have been more in accordance with the principles of political economy, and more advantageous to the public, than the modest proposal to remove all restraints upon unqualified quacks and druggists.

There is another practice, which all political economists agree in denouncing,—that of the certificate system. "When a man has learned his lesson very well," says ADAM SMITH, "it surely is of little importance where "or from whom he learnt it." "The ques- "tion should never be," observes M'CUL- "LOCH, "how or where you have been edu- "cated, but have you learning and science "sufficient to entitle you to the distinction to "which you aspire?" Yet all the Universities and Examining Boards, for reasons as odious as they are obvious, persist in those mischievous inquiries under which the certificate system flourishes. Why did not the "Quarterly" Reviewer give to his free-trade views this direction?

A remarkable illustration of the evil consequences of the certificate system has been supplied by the recent appointment of professors in the Edinburgh University. Dr. HOME, the Edinburgh Professor of the Practice of Physic, has been known for nearly half a century as the very worst lecturer in Europe. He has at length retired, and been succeeded by Dr. ALISON. We need scarcely observe that Dr. ALISON's appointment is judicious. Dr. ALISON is a little given to *philosophising*, and to mystifying physiology by the metaphysical distinctions of the Scotch school, which lead to nothing and explain nothing; but Dr. ALISON is an industrious teacher, a worthy man, and a popular professor. Dr. CRAIGIE was a candidate for the chair of pathology, vacated by Dr. JOHN THOMSON, and was rejected by the Town Council, who gave a majority of their votes to Dr. HENDERSON, in preference to the author of one of the best works on pathological anatomy, and of the practice of physic, in the English language. But what has this to do with the certificate system? The Edinburgh professors, appointed by the Town Council, confer de-

grees in medicine; and one of their regulations is to the effect that "no one shall "*be admitted to the examinations for the* "*degree of Doctor of Medicine*, who has not "been engaged in medical study for *four* "*years*, during at least six months of each, "either in the *University of Edinburgh, or* "*in some other university where the degree* "*of M.D. is given*, unless, in addition to "*three anni medici* in an university, he has "attended, during at least six months, the "medical or surgical practice of a general "hospital, which accommodates at least "eighty patients, and during the same "period a course of practical anatomy; in "which case *three years of university study* "will be required." "No one shall obtain "the degree of Doctor who has not studied "in the manner already prescribed, for at "least *one year* previous to his graduation "in the university." Practically, the students who wish to obtain the degree of M.D., are compelled to attend the lectures of the professors who conduct the examination in medicine and the collateral sciences, and are chosen by the worthy "butchers and bakers" and gentry on the Town Council,—such professors as Dr. HOME, for instance,—and we will not say Dr. HENDERSON, for we do not happen to know anything of that gentleman's qualities, excepting that he occupies a place to which Dr. CRAIGIE had every kind of claim; and compulsory fees paid for, and attendance on, Dr. HENDERSON's lectures, imply non-attendance on Dr. CRAIGIE's.

Why interfere here at all? Is it for the advantage of the people of Scotland or England that the Town Council of Edinburgh should interpose, and compel every one who wishes to graduate to pay Dr. HOME's perpetual fees, and have the power of saying to the well-informed students, "You shall listen to Dr. HENDERSON and not to Dr. CRAIGIE?" The absurdity will probably be perceived in less than a thousand years.

If the certificate system did not exist, the choice of teachers would not rest with the Edinburgh tradesmen, but with the parties more immediately concerned, and best able to judge of the relative qualifications of professors, not only at one time but at all times; namely, the students. The Town Council of Edinburgh have undoubtedly in these days a greater interest than ever in the selection of professors of some public reputation; and they have sometimes displayed more discretion and sagacity than other bodies in the selection of professors, but the rejection of Dr. CRAIGIE lays bare all the deformities of the monopoly of medical degrees by a municipal corporation. We recommend this matter to the serious consideration of the new converts to free trade in medicine.

We have now to adduce the testimony of some of the many authorities among the political economists, who are favourable to the protection of the public from the inroads of ignorant and unlicensed practitioners in medicine.

Mr. RICARDO, a well-known advocate for free trade in the most liberal sense, lays down the following principle in one of his works (*On an Economical and Secure Currency*):—

"In the examinations to which *medical practitioners* are obliged to submit there is *no improper interference; for it is necessary to the welfare of the people*, that the fact of their having acquired a certain portion of knowledge respecting the diseases of the human frame should be ascertained and certified. The same may be said of the stamp which government puts on plate and money; it thereby prevents fraud, and saves the necessity of having recourse on each purchase and sale to a difficult chemical process. In examining the purity of drugs sold by chemists and apothecaries, the same object is had in view. In all these cases, the purchasers are not supposed to have, or to be able to acquire, sufficient knowledge to guard against deception; and government interferes to do that for them which they could not do for themselves."

M'CULLOCH, who ranks as one of the first political economists of the day, sums up the general opinion of his compeers in the following terms:—

"But supposing education were put on the footing suggested, and that no incompetent person received a degree, still the questions remain,—Why take all this trouble? Would it not be better to abolish degrees al-

together, and to leave the public to employ the physicians and lawyers in whom they have confidence, it being abundantly certain, that a regard to their own interest will stimulate such persons to acquire proficiency in their respective professions? * * There is a wide discrepancy between the employments of those who exercise their art on the bodies of men, and those who exercise it on some sort of raw or manufactured produce. If an individual employ a tailor to make him a coat, he will not employ him again unless it be made to his mind; nor, though the cloth were spoiled, would the loss be considerable; but if an individual employ a physician, surgeon, or apothecary to prescribe for him, he may, in the event of the person so employed being ignorant of his art, lose his life; while, owing to the difficulty of ascertaining when death is occasioned by the natural progress of disease, or by the unskilfulness of the practitioner, the business of the latter may not be materially diminished; and he may continue for an indefinite period to prosecute his destructive career. It does, therefore, seem quite clear, that government is bound to take such measures as may be effectual to secure adequate skill in medical men; and that no individual should be permitted to practise, whose qualifications have not been ascertained by the examination of a competent board, appointed for that purpose, and pronounced sufficient by their certificate. All individuals, though very many are nowise fitted to judge as to their qualifications, must occasionally resort to medical men; and it is the duty of government to provide that the lives of its subjects be not sacrificed to ignorance, cupidity, or quackery."

He quotes CULLEN, and concludes:—

"It is to be hoped that the principles laid down by Dr. Cullen may be carried to their full extent, *by prohibiting all individuals from practising as physicians, surgeons, or apothecaries, who have not a degree and licence after examination by a public board.*"

An Account of Askern, and its Mineral Springs, &c. By EDWIN LANKESTER, M.D., F.L.S., and Physician to the Farringdon General Dispensary. London: Churchill. Small 8vo. Pp. 151. 1842.

WE have always looked with equal suspicion on essays written in praise of watering-places, and the boasted virtues of the waters themselves. Our present object, however, is neither to deal with the influences which produce the essays, nor to inquire into the medicinal effects of the waters, but simply to call attention to a few points which have interested us in looking through the little volume of Dr. Lankester. They relate to the recent views of Professor Daniell on the formation of sulphuretted hydrogen, and its action on the animal economy.

The origin of this gas in such abundance in many mineral springs, has long been an object of interesting inquiry. By a majority of observers it was referred to the decomposition of metallic sulphurets, by the action of water only; but other inquirers, amongst whom may be named Dr. Hunter, Mr. Brewerton, and M. Henry, sought for an explanation of this phenomenon in the presence of vegetable matter exercising some obscure and unknown action:—

"With a view, then (says Dr. Lankester), of ascertaining if vegetable matter in contact with the sulphates would produce sulphuretted hydrogen, I had recourse to direct experiment, and submitted portions of bog soil to the action of various sulphates; but failed in obtaining any of this gas. I then mixed various vegetable matters in a decaying state, with solutions of the sulphates of lime, soda, magnesia, and iron, and with the three first obtained evidence of the existence of a large quantity of sulphuretted hydrogen; the magnesia was the first to show the existence of the gas, but the lime gave it out in the largest proportion; the soda afforded the least evidence of its presence, and the iron gave no indication of having undergone any change. There was also evidently disengaged, in all the experiments, a quantity of carburetted hydrogen.

"The following theory is offered as an explanation of the changes which take place in these solutions. When vegetable matter is added to an alkaline sulphate in solution, the carbon which it contains unites with a portion of the oxygen of both the water and the sulphuric acid, giving rise to carbonic acid, and a sulphuret of the metal is formed; the carbonic acid being in contact with the sulphuret and the water decomposes them: the result is, the formation of a carbonate of the oxide of the metal, and sulphuretted hydrogen with carbonic acid is set free.

Whilst I was thus endeavouring to account for the presence of sulphuretted hydrogen in so large a district in the Vale of York, Professor Daniell, of London, was engaged in investigating the cause of the existence of the same gas in sea-water from the coast of Africa. From experiments precisely similar to those I have related, Professor Daniell came to the conclusion, that the sulphuretted hydrogen which he found in the specimens of sea-water brought from Africa was produced there by vegetable matters, carried from the great rivers, coming in contact with the sulphates which the sea-water contains. The quantity of sulphuretted hydrogen generated in this water is truly astonishing; some portions having been found to contain more of this gas than our strongest sulphureous

springs. That such a quantity should have existed so long without observation is still more surprising; and I am inclined to think, although in opposition to the conclusion of so distinguished a chemist as Professor Daniell, that the larger proportion of sulphuretted hydrogen was formed in the specimens of water he examined, after they had been taken from the sea, and during their voyage to this country; and for these reasons—

"1. In my own experiments the solutions gave much stronger indications of sulphuretted hydrogen when placed in corked bottles than when placed in open jars.

"2. Some sea-water taken near the coast of North and South Wales, which was examined by Dr. Clem, a German chemist, contained so large a quantity of this gas as to smell and taste like a strong sulphureous water. It cannot be supposed that this is really the state of the water off the Welsh coast; and it is only reasonable to conclude, that the gas was developed after it was enclosed in bottles.

"3. A very small portion of carbonaceous matter would suffice to produce a large quantity of sulphuretted hydrogen: a grain of carbon, according to the theory before given, would liberate nine cubic inches; therefore, the fact of such a small quantity of vegetable matter having been found, does not prove that the sulphuretted hydrogen existed previous to the water being bottled: there was probably, originally, more than enough to produce the sulphuretted hydrogen it possessed.

"4. The large quantity of sulphuretted hydrogen found by Professor Daniell, would be entirely destructive of both animal and vegetable life; but the seas off the coast of Africa, far from being destitute in these respects, appear to be very prolific."

This theory of the formation of sulphuretted hydrogen seems exceedingly probable; we are much inclined to agree with Dr. Lankester's views of its origin in the waters from the coast of Africa examined by Professor Daniell. Indeed, it has been painfully confirmed by the results of the late Niger expedition, where all means were provided for removing the influence of this gas from the atmosphere, but, as it appears, without the slightest effect. In fact, we have been informed that a careful inquiry failed in detecting the presence of sulphuretted hydrogen either in the waters or the atmosphere of the African coast. If such be the case, the sooner we forget the theory of Professor Daniell the better. Ignorance of the nature of the evil, and of its remedy, is far preferable to the vain confidence which reliance on an unsupported hypothesis is sure to beget.

Besides the matter contained in the foregoing extracts, this little volume will be found to contain many other points worthy of consideration. Indeed, we have never seen in a work of this class so much and such varied information in so small a compass, conveyed in a more agreeable manner. We must remark, in conclusion, that the inhabitants of the district, and those who have occasion to visit its waters, are indebted to Dr. Lankester for the pains he has bestowed on the subject; and his efforts, we are happy to infer, from the preface, have not been the result of any private interest in the success of his labours as an author, or his eulogium on the matters concerned.

The Simple Treatment of Disease, deduced from the Methods of Expectancy and Revulsion. By JAMES M. GULLY, M.D. London: Churchill. Pp. 98.

THE author desires in this little work to impress upon the reader the necessity of simplifying the treatment of disease by a more attentive study of individual cases. He repudiates the objection that there is anything startling or novel in the doctrines that he propounds. They belong to the school of Broussais, of whom the author is an ardent admirer. The present volume of the learned translator of Tiedemann is an elegantly written production, and highly important in its relation to the management of health. We doubt not that it will be justly esteemed by the professional inquirer, and will find a conspicuous place in his library.

THE NEW MEDICAL ARRANGEMENTS IN UNIONS.

To the Editor of THE LANCET.

SIR,—In advocating the cause of the medical profession, but more especially of union surgeons, you have constantly endeavoured to show the guardians that "the remuneration of medical officers should be such as *to insure proper attention and the best medicines.*" You have also proved that the poor-law commissioners would have done the profession more justice by adopting a liberal scale of remuneration for general attendance on the poor, than by their late regulations fixing certain fees for midwifery and operations. I think you are scarcely prepared to hear that in some unions the guardians are desirous to enter into contracts with medical officers before Michaelmas next (such contracts to commence in March, 1843), and to *reduce* the annual payment for general attendance, in order to meet the anticipated additional expense that will be incurred by the

new regulations of the poor-law commissioners coming into force next March. This is more particularly the case in those unions where the guardians have peremptorily refused any remuneration for midwifery attendance. Surely, Sir, this must be decidedly opposed to the wishes of the poor-law commissioners, who seem now desirous of doling out to the medical profession a proportion of justice due to their character and station. I remain, Sir, yours respectfully,

AN UNION SURGEON.

August 19, 1842.

*** We invite the attention of the Poor-law Commissioners to this letter. It is quite clear that no contracts should be entered into now.

DEFENCE OF SURGEONS IN OBTAINING FOREIGN MEDICAL DIPLOMAS.

To the Editor of THE LANCET.

SIR,—It is the mark of a badly-cultivated mind to make sweeping conclusions from a few facts. To condemn an entire class because some individuals of that class are censurable, is in accordance neither with justice nor common sense. Yet specimens of this are not few. The subject of foreign medical degrees has of late given ample scope for such sort of anathemas. Now you, Sir, who can see through the mist of antiquated usage the murky gloom of conventionalism, and perceive the clear atmosphere of reason beyond, are in little danger of having your feet caught in the traps set by corporation cunning. What is a "good" degree, a real *orthodox* degree, and what is its intrinsic value? Is its possession a proof of medical skill? Does it give any man a right of superiority in a medical point of view over any one of equal skill and experience? May not a man become an M.D. of Oxford or Cambridge, without ever having attended a case on his own responsibility? How, in the name of common sense, can a degree from Edinburgh or Glasgow elevate its holder above the licentiate of Apothecaries' Hall, whose credentials have frequently been refused to graduates of Edinburgh, in consequence of their classical and professional ignorance? And why is a member of the College of Surgeons and licentiate of the hall, who has been for ten or twenty years in practice, to be stigmatised as a quack, because he is willing to devote himself more exclusively to physicians' practice, and thinks fit to procure some university sanction and reputable authority for taking the distinctive appellative of "doctor?" Circumstances in life may have led him to the step, and he seems to be following the leadings of Providence in taking it. And how can it, in the eyes of reasonable and honest men, be thought to be an act of discredit? The healing art is a *Dei donum*, and knows nothing of conventional location. Like pure and undefiled religion, it is free as the air. Yet pride and avarice would corrupt both, and tell us that medicine is nothing without having at its origin an university of a certain construction, nor religion anything without a mitre, and have placed a vast number of the enlightened community in the ranks of "quacks" and "infidels." But before a man cries "quack," he should ascertain that the party is ignorant of the art he professes. I believe that if the foreign diplomas were inspected, they would be found to be very satisfactory testimonials, in many, if not in most, cases; for on the face of them they bear a declaration of the attested qualifications, by reason of which the degree has been conferred, declaring that the holder had previously undergone satisfactory examinations, and was already in practice. Evidence of moral and professional respectability is also required. Such persons are honestly and rationally entitled to the degree of M.D. without being justly stigmatised by offensive names, and none but men of a low cast of mind will place them in an improper category. And why should not medical as well as military and naval men rise by age and experience? In the *army* a rank by *purchase* is not considered to be disreputable. I believe, indeed, that none are more fond of calling out "quack" than those who are themselves of a quackish disposition. I am, Sir, your obedient servant,

A FOREIGN GRADUATE, THIRTY YEARS IN PRACTICE AS M.R.C.S.L.

London, Aug. 26, 1842.

PRICE AND TERMS OF ERLANGEN DEGREES.

To the Editor of THE LANCET.

SIR,—It having accidentally come to my knowledge that a most respectable practitioner in medicine, resident within twelve miles of this metropolis, had been charged 100*l.* for the diploma of M.D. of the ancient University of Erlangen, near Frankfort, by one of the advertising agents, when the sum of 22*l.* only is required by the university, I beg to inform my professional brethren that on addressing a letter to Dr. Leupold, the present dean of faculty, requesting to be admitted to the degree of M.D., containing a statement upon oath (sworn before a magistrate) of the applicant being a member of the Royal College of Surgeons and of the Apothecaries' Company, or an undergraduate of any university, with a recommendatory letter or certificate from some respectable eminent surgeons and physicians, as to character, capability, &c., with a thesis in English, on

any medical subject, together with a declaration of the party being actively engaged in practice, as an apology for not attending personally, and a Bank post-bill for 22*l*., the applicant will generally procure the desired honour.

I procured my diploma in the manner stated, to answer a particular purpose, although I had attended two sessions at the University of Edinburgh, and am a member of the Royal College of Surgeons and a licentiate of the Apothecaries' Company, and have been engaged in general practice nearly twenty years. I am, Sir, yours truly,

H. B. C. Hillier.

Gower-street, Bedford-square,
Aug. 30, 1842.

P.S.—It is worthy of remark, that the Royal College of Physicians of London have admitted candidates for examination for their license to practise, within the limits of their jurisdiction, upon presenting a diploma obtained from the University of Erlangen, and have become licentiates of that learned body.

UNIVERSITY COLLEGE HOSPITAL.

SECONDARY SYPHILIS (?) IODIDE OF POTASSIUM.

Anne Pavitt, aged 50, was admitted November 30, 1841, under the care of Dr. Taylor; the patient never was stout, but she has been getting thinner, for the last three or four months especially. She had formerly much colour, but has latterly been losing it; she is a native of Witham in Essex, a dry, airy situation, but she came to London four years ago, and has been living in Windmill-street, Tottenham-court-road, a dry but close locality; she is a servant of all-work, and has had to work very hard; she is a married woman, and has had seven children, but she has left her husband for the last four years. She has always had sufficient food, and has been in the habit of taking two pints of beer daily, but she seldom took any spirits; her father died eight years ago from paralysis; her mother is living, and enjoys good health; she has nine brothers and sisters all in good health, except the youngest, who is in a decline. She states that she never had rheumatism, and has always had good health till she came to London; since that period she has had the influenza several times; she has also had a slight cough every winter. She states that about three months ago she began to feel great weakness, losing her strength gradually. This continued, without her taking any particular medicine, till about a month ago, when she felt a choking sensation in the throat, increased on taking a deep inspiration. This lasted two or three days, and then she had violent cough, which was at first dry, and caused her pain; she had also pain in the chest, chiefly on the left side, increased on taking a deep inspiration, and she sometimes had great difficulty in breathing. This lasted till about a fortnight ago, when she began to expectorate in considerable quantities; the expectoration was frothy in character. An eruption appeared at this time first on the sides of the head and face, and gradually then over the whole body. It appeared, she says, as little red pimples slightly raised above the surrounding skin, and pretty numerous. She went to a dispensary and got some medicine, but was not relieved. She was seen on Monday evening last by a medical man, who told her she had inflammation of the chest, and applied eight leeches to the left side of the chest, and gave her some medicine, which relieved her. The pain in the side was much diminished by this treatment, but not entirely removed, and some cough and the eruption still remaining, she was admitted into the hospital.

Present Symptoms.—Surface of the body feels hot, but the skin is moist, and presents on its surface numerous elevated spots of a red colour; some of the spots have a more coppery look than others; they are broad and flattened at the base; the feet and hands are both hot. She has no pain in the head, and the face is covered with numerous spots, rather coppery coloured, slightly elevated, and itching considerably, especially at night. The patient has not lately slept well, being much disturbed by her cough. She has no pain or tenderness in any part of the spine; no soreness of the throat. She has now no pain in the left side of the chest, except on taking a deep inspiration; some cough, which is worse at night, and prevents her sleeping; expectoration very frothy; tongue red at the edges, and covered in the centre with a slight white fur; she has a nasty taste in the mouth, especially in the morning; bowels open twice a-day. She states positively that she has never had any discharge *per vaginam;* her husband was an unsteady man; the urine is passed freely and in sufficient quantity; catamenia appeared a fortnight ago, and were little in quantity; she says that they have always been regular, but never in large quantity. She was ordered a dose of calomel, to be followed by an aperient draught.

Dec. 1. On the inside of the right tibia there is a portion which is slightly swollen, and painful on pressure. To be cupped between the scapulæ to eight ounces, and to take a quarter of a grain of tartar-emetic and a drachm of Epsom salts in some peppermint water every six hours.

3. Eruption of large copper-coloured papulæ very distinct over the back of the neck; large muco-crepitant rhonchus at the lower part of the left lung posteriorly; not any dulness on percussion; cough better. She says that she never had any sore throat, pains in the bones, or eruption, before.

6. The eruption is considerably faded; the cough is better.

8. There is no morbus cordis; the mucous rhonchus in the left lung is less; urine healthy, specific gravity 1020; it has an acid reaction, but contains no albumen; she had severe pain in the legs last night; this was not confined to the bone, as it affected also the calf of the leg and the shin; her shins are very tender this morning; she has scarcely any cough. Omit the mixture, and let her have four grains of the iodide of potassium in an ounce of peppermint water three times a-day.

9. The os uteri was examined to-day by means of the speculum; it was found to be more red and open than usual, and appears to be slightly ulcerated.

10. The pain in her legs was very severe last night, it is not in the bone; the calf of the leg is equally affected; the pain is worse by night than by day; the cough is less and expectoration diminished; there is very little mucous rhonchus behind.

13. Cough almost gone; there is less pain in the legs; her bowels are confined. To have house medicine; increase the dose of the iodide of potassium to five grains.

15. Better; pain in the legs quite gone.

17. The eruption has not faded much, but the papulæ are rather less hard and prominent. Increase the iodide of potassium to six-grain doses.

26. Has had pain in the legs again for the last two nights; the eruption is rather less elevated and hard. Make the dose of the iodide seven grains.

31. Has been rapidly getting well since last report, and was discharged to-day cured.

HYSTERIA.

Eliza Durden, aged 14, was admitted Oct. 19, 1841, under Dr. Taylor. She is of delicate conformation, has light hair, pale complexion, and is of nervous temperament. Her mother is weakly; her father died seven years ago of "cancer of the brain." She has had measles, hooping-cough, &c., but not rheumatism. Three years ago she had scarlet fever very severely, was delirious for a fortnight, and had many fits of a convulsive kind, attended by foaming at the mouth, &c.; and after they were over she had no remembrance of them. From this time she has been subject to swelling of the legs, and the swelling pitted on pressure. She has also frequently a severe pain on the left side of the forehead, accompanied by heat and flushing. The right arm and leg are weak, and comparatively of little use; she lost the use of them when she had scarlet fever, and has only partially regained it. She walks very lame, and her memory also is very deficient, being unable to remember events from one hour to the next; and this continues to get worse. She is often deaf; the deafness does not last long at one time, but will come and go several times in the course of the day. She occasionally has fits, similar to those which she had during the scarlet fever, and before they come on there is generally headach. Last Friday she had one which lasted three-quarters of an hour. Her mother says that naturally she is very quick of perception, and is anything but stupid; and she says that she has gained flesh till within the last few weeks, when she has got rather thinner.

At present the surface is generally cold, and often clammy. The face is pale, and has a heavy, listless appearance; the eyes are dull. She complains of pain in the lower part of the back, and tenderness of the right breast, which is a little swollen round the nipple, and altogether larger than the left. The breathing is short, the circulation hurried and irregular in frequency, sometimes beating more quickly than at others—three or four quick, and three or four slow, and so on. The pulse is 108, soft, but rather jerking; the bowels are generally costive.

20. There is pain and heat all over the left side of the head, with a feeling of giddiness. From her account it seems that for some time after the fever left her she could not move her right arm and leg at all, and the partial use has been gradually returning for the last two years. There appears to be some difference in the sensibility of the two sides; the right hand is often cramped, and remains so for some time; i. e., the ring and little finger, and drawn into the palm of the hand. There is no pain in the arm or leg; there is tenderness all down the spine, especially in the neck. She complains of pain in passing water, of which she makes a sufficiency. She says that she has been worse for the last week: she has never yet menstruated. There is no cough; the sounds of the heart are healthy, the respiration natural. To be cupped on the back of the neck to six ounces. To have five grains of blue pill and ten of extract of colocynth at bedtime, and a senna draught in the morning if necessary.

22. There is no pain in the head now. It seems doubtful whether there is any difference in the sensibility of the two sides. She has had fits of crying and laughing alternately.

25. Much the same. A drachm and a half of sesquioxide of iron three times a-day.

27. Improving.

29. Complains of pain all over the left side of the head, and some tenderness on pressure. The tenderness in the spine is greatest at the upper part of the dorsal region, and most so on the right side. The right arm is more cramped than it was. She fell down on the bed this morning from the pain, and cried on coming to. The third and fourth fingers are drawn down to the palm, and the first finger is drawn away from the others. The sounds of the heart are not quite healthy, but there is no murmur. Eight leeches to the dorsal spine.

Nov. 1. Pain in the head relieved: the fingers still much contracted, but the manner in which they are contracted varies considerably.

3. No decided alteration. Ordered full diet.

5. Is much more cheerful, and the expression of the countenance is more animated than it was.

8. Complains to-day of a good deal of shooting-pain in the left side of the forehead, and also of pain in the back. The fauces are inflamed and sore; there is much tenderness in the cervical portion of the spine; pulse 136; appetite bad. Omit the iron. Let her have six leeches applied to the left temple, and use the following gargle: alum a drachm, compound infusion of roses eight ounces.

9. To have three grains of calomel at night, followed by a purgative draught in the morning. A blister to the back of the neck.

12. No pain in the head nor giddiness; the stomach is very weak, but there is no pain; appetite good. To have an ounce and a half of infusion of wormwood three times a-day.

15. Much improved. To be discharged.

CARIES OF ELBOW-JOINT. REMOVAL OF THE HEADS OF THE BONES.

William F., ætat. 18 years, a young man of delicate appearance and slight conformation, and giving abundant evidence in his whole person of having suffered much, was admitted into the hospital on the 3rd of May, suffering from severe disease in the elbow-joint, of which he gave the following history:—Two years ago, by some muscular effort, he sprained the affected elbow, for which injury leeches and cataplasms were used under the direction of his medical adviser: these means failed of preventing a great deal of swelling which ensued, and continued accompanied by much pain for six months. Now he laid up, and kept in bed for the next three months, in which time, under the influence of strapping, &c., the swelling subsided.

Some time after, numerous abscesses formed in succession about the joint. These were allowed to open spontaneously, and were treated with carrot poultices. He was obliged to keep his arm quite at rest in a sling. Up to the present time there has been continually a good deal of discharge from the sinuses communicating with the abscesses about the joint. For three months past he has been taking the compound calomel pills, but they have not effected any improvement in his health, nor have they produced any salivation.

The arm is kept in the same flexed position; there are numerous sinuses about the elbow, the integuments about being of a deep blue colour; through the sinuses the probe passes into the articulation and the articular surfaces; the bones are felt to be rough and ulcerated. The muscles of the arm are much atrophied, and he states that it is a long time since he has been able to make much use of the arm and hand. He sweats much at night, and complains of great weakness and general disorder of the health. Mr. Liston proposed removing the heads of the bones, in order to save the arm. This the young man readily assented to; he was, therefore, ordered to take, on the following day (May 4), some aperient medicine, in order that the operation might be performed at Mr. Liston's next visit.

May 6. This day, at two, p.m., excision of the heads of the humerus, radius, and ulna was effected in Mr. Liston's usual method, namely, an incision of about three inches in length is made through the integuments and muscles to the radial side of the ulnar nerve, extending an equal distance above and below the articulation. From the middle of this line a transverse incision is made, extending to the external border of the arm, and parallel with the articulation. The flaps thus formed are dissected up. The ulna nerve then being dissected carefully from its bed is turned over the internal condyle of the humerus, the arm is bent, and the heads of the bones being thus everted are sawn through and removed. One small vessel only was tied; and the patient being removed to his bed, lint wetted with cold water was kept continually applied until the evening, when the edges of the wound were brought tolerably well together by a few points of suture, and dressed with isinglass plaster.

7. After a good night feels comfortable, and is free from fever.

8. The sutures were removed, and the wound seemed to be doing favourably.

12. Has continued to improve in health daily, but this morning a slight degree of erythema is seen around the wound, extending downwards.

13. The erythema is extending upwards in the arm as well as downwards. To prevent its further spreading, nitrate of silver was applied around the arm, above and below the inflamed part, so as to produce a ring of vesication at each place.

17. The inflammatory blush has quite disappeared, and the patient is in good health.

20. The wound is granulating, having opened out during the inflammatory attack; the limb is bent at right angles; a splint applied to the inside; and he is ordered to leave his bed.

By the end of the month he left the hospital much fuller in flesh; his night-sweats have ceased, and his health altogether benefitted,—some ulcerations exist about the cicatrix of the wound, and do not seem disposed to heal. These are dressed with solution of sulphate of zinc, on lint and oil-silk.

This patient has returned twice to the hos-

pital since his departure, and is greatly pleased with his improved health, and also with the increased strength and utility of his arm and hand, which now enables him to write. This he had not done for a long time before the operation. The limb is also become more plump and firm from the greater use of the muscles.

INDECISION IN MEDICAL EVIDENCE.

To the Editor of THE LANCET.

SIR,—In the report of the trial of Elizabeth Newark, for the manslaughter of William Oates, in the *Morning Post* of this day, the medical evidence is of a singularly contradictory nature. Mr. Burford Laxman first deposed that William Oates "died from erysipelas on the 19th, and that he (witness) should attribute the erysipelas to the blow he had received." On cross-examination, Mr. Laxman "would not undertake to say with any certainty that the blow was the cause of death," and, in reply to the Court, answered, "I cannot say with any confidence that the blow was the cause of the erysipelas."

What must be the impression on the minds of the jury after attending to such evidence as this? Why, either that medical knowledge is inadequate to assist the inquirer, or that Mr. Laxman did not possess the requisite amount of knowledge to enable him to pass any opinion on the subject that was worth receiving. With regard to the first, I maintain that in the instance before us there should have been no hesitation in the delivery of an opinion. The medical witness is called into court to depose to the cause of death (to the best of his belief), and if he have an opinion he ought candidly to express it. Here, a man, previously in health, is struck on the head with a heavy key, in such a manner as to cause an effusion of blood, and extensive swelling of the integuments, erysipelas ensues, and he dies; and the medical witness, forsooth, cannot deliver a decided opinion as to the cause.

It is lamentable to witness the puerile conduct of some medical men in courts of law. Surely, sound deductions are to be drawn from pathological facts. I remain, Sir, your obedient servant,

A LAYMAN.

Islington, Aug. 30, 1842.

BLACK PITCH.—PILES.

To the Editor.—Sir, THE LANCET of Aug. 27th contains a communication from Mr. Wardleworth, recommending the use of black pitch as a remedy for piles. Mr. Wardleworth has evidently paid very considerable attention to that complaint, and I sincerely wish the remedy may prove equally efficacious in the hands of others; but there is one particular which to *me* requires a little further elucidation, viz., after assuring us that the pitch acts as "a gentle aperient." Mr. W. proceeds to say, "Instances will occur in which pitch would be inadmissible, viz., pregnancy, and a highly irritable condition of the bowels, unless combined with opium. Why this remedy should be inadmissible during pregnancy, a period during which piles are of such frequent occurrence, and so extremely distressing, I cannot conceive. Doubtless, Mr. Wardleworth had sufficient reason for thus cautioning us, and I shall feel greatly obliged if he will say why he considers the remedy objectionable in pregnancy. I am, Sir, your obedient servant,

E. HARVEY.

Castle Hedingham, Essex,
Aug. 31, 1842.

QUALIFICATION IN A UNION.

To the Editor.—SIR, with this letter you will receive the *Derbyshire Chronicle* of the 13th inst., in which is a report of a meeting of the board of guardians of the Chesterfield Union. You will there see that the Poor-law Commissioners have decided that a licence from the Dublin Apothecaries' Hall qualifies its possessor for holding the situation of medical officer under the new law. Having been a subscriber to THE LANCET since its commencement, I, of course, highly value your opinion on all subjects connected with our profession, and therefore I hope that you will not consider me troublesome in requesting your opinion on the aforesaid subject. I am, Sir, yours, &c.

M.R.C.S.

"CHESTERFIELD UNION.—At the board of guardians, on Saturday, August 6th, the clerk read a letter from the Poor-law Commissioners respecting the appointment of Mr. Rowles as medical officer of the Bolsover district. The commissioners stated that it was competent for the board to appoint Mr. Rowles, although he was not a licentiate of the Apothecaries' Company of London (as required by the commissioners' regulation) but of Dublin. The Irish qualification was sufficient, and as the opposing candidate, Mr. Thorpe, was already the medical officer for one of the districts of the union, they would prefer the appointment of Mr. Rowles. It was then moved and seconded that the election be postponed till next Saturday, in order that a gentleman, who was about to succeed Mr. Frost, might have an opportunity of applying for the appointment. Agreed to."—*Derby Chronicle.*

*** Our correspondent should have stated in what the legal medical qualifications (all of them) of Mr. Rowles consist, in addition to stating what they do *not* comprise. We can pass no opinion on the subject in the absence of that information. A copy of the commissioners' letter should also have been sent if procurable.—ED. L.

SEPTUM OF THE VAGINA.—Sir, I met with an uncommon case of malformation the other day which you may think worth recording:—Mrs. —— was taken in labour with her first child. On examination I found a fleshy band running from the clitoris to the posterior part of the vagina, about an inch in width, which divided the vagina into two. It is needless to say that I divided it close to the clitoris, without any inconvenience arising, and purpose removing it on some future occasion. I am, Sir, your obedient servant, J. R. HANCORN, M.R.C.S.—34, Shoreditch, Aug. 25, 1842.

HYDROPATHY, or HYDRODUSOPATHY, the system of curing all diseases by sweating and cold water, continues to flourish in Germany, where it is superseding the infinitesmal humbug, homœopathy. This universal sweating of patients, whether labouring under acute or chronic affections, followed by a deluge of cold water externally and internally—the substance of the hydropathic treatment—must, it is obvious, be, in very many cases, a highly dangerous and often a fatal procedure. It is equally probable, however, that in a few chronic diseases it may effect a favourable impression upon the constitution, and, hence, we are not surprised that Priessnitz has established a considerable reputation as a quack, has had during the year 1841, "an archduchess, princes, princesses, counts, barons, &c. &c., in all about five hundred, under his care, and has accumulated about 50,000*l.*" It is not a little amusing to observe how the systems of quackery oscillate from extreme to extreme—from the theoretical absurdity of Perkinism to the practical severity of Thomsonism, and from the inert mysticism of homœopathy to the kill-or-cure violence of this Sangrado of cold water. As the hydropathic delusion turns out to be profitable, we should not be surprised to hear of it in time in our own country.—*Philadelphia Medical Examiner.*

UNIVERSITY COLLEGE MEDICAL SCHOOL.

IN the prospectus of the above school, stitched with the wrapper in our Number of this week, there appears upon the first page the following announcement:—

"DEGREES.

"Students of this college are entitled to be examined for degrees in medicine, and for honours, exhibitions, and scholarships, to be conferred by the senate of the University of London."

From which the unwary might be led to infer that the privilege held out to the student was an advantage peculiar to this school. The better skilled in angling will smile at the deceit. Every school in the metropolis, without exception, and most of those in the provinces, possess the same right as regards the degrees, honours, exhibitions, and scholarships of the University of London.

ROYAL COLLEGE OF SURGEONS IN LONDON.

LIST of gentlemen admitted members on Friday, August 26, 1842:—J. Wickham, R. Morrah, J. P. Dickson, W. H. Addison, G. Birkett, H. Morgan, W. A. Leslie, W. B. Keech, G. Henderson. Admitted Monday, August 29, R. P. Chapman, J. D. Allen.

BOOKS RECEIVED.

Methodus Medendi; or the Description and Treatment of the Principal Diseases incident to the Human Frame. By Henry M'Cormac, M.D., Physician to the Belfast Hospital. London: Longman and Co. 1842. 8vo. Pp. 574.

A Treatise on Mineral Waters, with particular Reference to those prepared at the Royal German Spa at Brighton. By J. C. A. Franz, M.D., M.R.C.S. London: Churchill. 1842. 12mo. Pp. 148.

Elements of Chemical Analysis, Inorganic and Organic. By Edward Andrew Parnell. London: Taylor and Walton. 1842. 8vo. Pp. 309.

On the Mutual Relations between Anatomy, Physiology, Pathology, and Therapeutics, and the Practice of Medicine: being the Gulstonian Lectures for 1842. By Marshall Hall, M.D., F.R.S. L. and E. Illustrated by Three engraved Plates. London: Baillière. 1842. 8vo. Pp. 86.

On the Curative Influence of the Climate of Pau, and the Mineral Waters of the Pyrenees, on Disease: with Descriptive Notices of the Geology, Botany, Natural History, &c., and Topography of the Pyrenees and their principal Watering-Places. By A. Taylor, M.D. London: Parker. 1842. 8vo. Pp. 342.

CORRESPONDENTS.

Mr. Catty's paper on the Ems (German) waters would not possess sufficient interest for the medical practitioners of England. It may be obtained of the publisher by the gentleman who transmitted it from Up. F. St.

An Aspirant.—The proprietors of the schools and the lecturers do not issue their prospectuses in sufficient time to allow the information to be collected at an earlier date for publication than that at which the number always appears.

The communications of *An Old Subscriber* and *Correspondent*, *Amor Justitiæ*, *Mr. Thomas Head* (and his note of the 30th ult.), *Dr. M'Egan*, and *John* and *P. Bull*, have been received.

A correspondent will find in Evanson and Maunsell's work on the Diseases of Children such a volume as he desires.